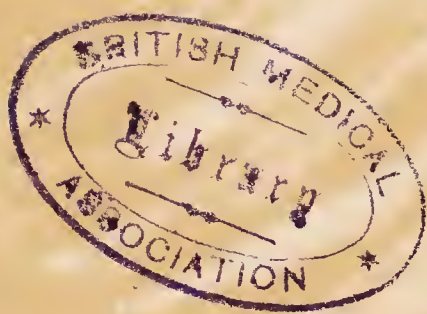


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LUNACY AND MENTAL DEFICIENCY.

Board of Control

COPY

OF THE

EIGHTH ANNUAL REPORT

OF

THE BOARD OF CONTROL

FOR THE YEAR 1921.

(Presented pursuant to Act of Parliament.)

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1922.

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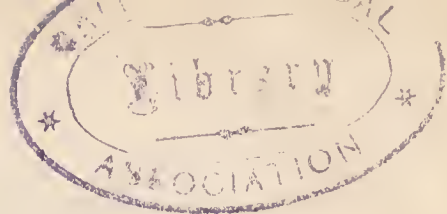
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THE
EIGHTH ANNUAL REPORT
OF
THE BOARD OF CONTROL,
1922.
(FOR THE YEAR 1921.)

The year 1921 has been one of great administrative difficulty. The stringency of the financial conditions prevailing throughout the country has compelled Local Authorities to check their expenditure in every possible direction.

In Lunacy no capital expenditure has been authorised except on claims essential for promoting the health of the patients and the staff. The result has been that many important matters which in normal circumstances would have been taken in hand as important for the treatment of the patients and the conditions under which they are living, have had to be postponed. Visiting Committees, too, have only been able to carry out essential repairs and redecoration.

Unfortunately, the cost of maintenance of the patients in the Mental Hospitals remains very high. Reduced hours of duty, entailing a large increase of attendants and nurses, with substantial additions to the wages paid, are the main cause of the weekly maintenance rate for the year averaging as much as 28s. 1½d. There can be no question that the interests of the patients suffer by the constant changes of the personnel of the staff looking after them. Neither, in our opinion, do the long hours off duty, when they are almost bound to be spending money, tend to the contentment of the female staff, especially when they are far away from their own homes. The whole subject of the work and wages of the nursing staffs in the Mental Hospitals requires to be very carefully considered.

As regards mental deficiency, in April last we informed local authorities in accordance with the instructions of the Minister of Health that it was necessary that the programme of the year should be restricted to the execution of commitments already made and which could not be postponed and to the utilisation of

accommodation already available. This meant that additional Institutional accommodation for defectives could only be provided by making use of vacancies in existing Institutions, provided either by local authorities or by Boards of Guardians or by private enterprise, though guardianship for suitable cases might still be carried out. In August we had to issue a further warning that in view of the imperative need of effecting large reductions in public expenditure it might be found necessary to reduce the approved estimate for the remainder of the financial year, and that in no circumstances could any increase be contemplated in the grant made for 1921 or 1922. No fresh cases were to be dealt with unless they came within the definition given of "urgency." The Committee on National Expenditure, known as the Geddes Committee, closely considered the provisional estimate of the Government contributions to local authorities under the Mental Deficiency Act, 1913, but they refrained from recommending any reduction as they regarded the working of the Act as essential to the physical and moral health of the nation. The present position, therefore, is that the work is to be carried on, but every effort is to be made to secure the most economical management.

In the latter part of the year we made arrangements for holding a conference with the Medical Superintendents and Chairmen of Visiting Committees of County and Borough Mental Hospitals and the Medical Superintendents and Chairmen of Managing Committees of Registered Mental Hospitals and certain others interested in the subject to consider in what directions Lunacy administration and the treatment of persons suffering from mental disease might be improved. The conference was held in the early part of the present year, and therefore does not come within the scope of the present report. It may be stated generally, however, that the proceedings were most successful and will, it may be confidently hoped, lead to good results. The policy of holding such conferences met with general approval. A full report of the Conference was issued as a Stationery Office Publication.

In July a book was published, called "The Experiences of an Asylum Doctor," by Dr. Montagu Lomax, which contained a violent attack on Lunacy Administration in general, and made numerous charges of inhumane and improper treatment of insane patients in asylums.

Previous to the publication of his book, Dr. Lomax was not personally known to the Board, but it subsequently transpired that he had been employed as a temporary Assistant Medical Officer in two asylums, for some two months in one and for 18 months in the other, under war conditions. Most of his specific charges referred to matters which he alleges he saw taking place in the second asylum. Although the name of this asylum is not mentioned, the thinly-veiled references in the book left no doubt

that the Prestwich Asylum, belonging to the Lancashire Asylums Board, was the institution referred to.

The book received extensive press notices and attracted much public attention from the charges of inhumanity and callousness to patients which Dr. Lomax alleges he saw perpetrated in the two asylums in which he served, and which he contends prevail in all similar Institutions.

All these matters have been very carefully considered by the Board, and have been the subject of two reports made by them to the Minister of Health. In the early part of the present year the Minister appointed a Departmental Committee consisting of Sir Cyril Cobb, K.B.E., M.V.O., Chairman; Dr. Bedford Pierce, F.R.C.P.; and Dr. Percy Smith, F.R.C.P., to hold a public enquiry into Dr. Lomax's allegations.

This Committee have now reported and have published in the Appendix to their report the report of the Commissioners who made a special visit to Prestwich in regard to the subject.

Lunacy.

On the 1st January 1922 the number of notified insane persons under care in England and Wales was 123,714, an increase of 3,370 on that recorded on the 1st January 1921. This increase follows one of 3,580 in 1920, and may be compared with the average annual increase of 2,251 for the ten years ending 31st December 1914, the decade immediately preceding the war.

The main factor in the increase in numbers during 1921 was again the very low number of deaths in institutions for the insane, as although the changes involved by slightly increased admissions and discharges nearly balanced each other, the admissions showed a large excess over the discharges and deaths taken together. As the numbers in institutions comprise over 80 per cent. of the total number of notified insane, they obviously exercise a preponderating influence.

The relative percentage distribution of the sexes among all the notified insane—males, 43·6; females, 56·4—shows a further slight reversion in the direction of the proportions which obtained immediately prior to the war, viz., males, 46·2; females, 53·8.

Distribution of Insane Patients.—In the County and Borough Mental Hospitals there was an increase of 3,712 patients (males, 1,756; females, 1,956), as against one of 4,016 in the preceding year. The increase for 1921 represents a percentage of 4·0 of the number under care in County and Borough Mental Hospitals on

SUMMARY OF INSANE PATIENTS, 1st January 1922.

WHERE MAINTAINED on 1st January 1922.	PRIVATE.			PAUPER.			CRIMINAL.			TOTAL.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
In County and Borough Mental Hospitals	6,269	2,633	8,902	36,584	51,605	88,189	203	66	269	43,056	54,304	97,360
In Registered Hospitals - - -	897	1,319	2,216	-	-	-	-	-	-	897	1,319	2,216
In Licensed Houses:—												
Metropolitan - - -	436	781	1,217	-	-	-	-	-	-	436	781	1,217
Provincial - - -	443	943	1,386	20	33	53	-	-	-	463	976	1,439
In Naval and Military Hospitals - -	199	-	199	-	-	-	-	-	-	199	-	199
In Criminal Lunatic Asylum (Broadmoor)	-	-	-	1	-	1	484	155	639	485	155	640
In Poor Law Institutions:—												
Ordinary Poor Law Institutions - -	-	-	-	4,507	6,646	11,153	-	-	-	4,507	6,646	11,153
Metropolitan District Asylums - -	-	-	-	2,483	2,970	5,453	-	-	-	2,483	2,970	5,453
Private Single Patients - - -	129	310	439	-	-	-	-	-	-	129	310	439
Outdoor Paupers - - -	-	-	-	1,322	2,276	3,598	-	-	-	1,322	2,276	3,598
TOTAL - - -	8,373	5,986	14,359	44,917	63,530	108,447	687	221	908	53,977	69,737	123,714
†Increase during 1921 - - -				Males.			Females.			Total.		
				Males.			Females.			Total.		
				Males.			Females.			Total.		
				Males.			Females.			Total.		
	-	-	-	310	(a)	249	Average Annual Decrease in			451*	14*	465*
	-	-	-	1,422	1,685	3,107	the ten years 1912-1922			1,204	216	1,420
	-	-	-	19	(b)	14	-			17	5	22
	-	-	-	1,751	1,619	3,370	-			770	207	977

(a) Decrease, 6l.

(b) Decrease, 5.

* Average Annual Increase.

† This "increase," as explained on p. 7, is mainly due to the small number of deaths.

the 1st January of that year. In ordinary Poor Law Institutions there was an increase of 240, and in the Broadmoor Criminal Asylum of 12. Decreases occurred in all other classes of institution, and care, ranging from one of 12 in Single care to one of 259 in Provincial Licensed Houses.

The distribution of the insane under care on the 1st January 1922 shows a further increase in the proportion detained in County and Borough Mental Hospitals.

*Proportion per cent. of total Number of notified Insane
under Care 1st January.*

—	1889.	1899.	1909.	1919.	1922.
In County and Borough Mental Hospitals.	62·5	69·5	75·7	76·4	78·7
In Registered Hospitals - -	2·7	2·4	2·0	2·1	1·8
In Licensed Houses - - -	4·8	4·1	2·3	2·9	2·1
In Naval and Military Hospitals -	0·4	0·3	0·1	0·2	0·2
In State Criminal Asylums - -	0·7	0·6	0·7	0·7	0·5
In Poor Law Institutions and Metropolitan District Asylums.	21·2	16·9	14·5	13·8	13·4
In Single-Care - - - -	0·5	0·4	0·4	0·4	0·4
As Outdoor Paupers - - -	7·2	5·8	4·3	3·5	2·9

Private Patients.—The private patients under care on the 1st January 1922 numbered 14,359 (males, 8,373; females, 5,986), an increase of 249, or 1·8 per cent. The males increased by 3·8 per cent., due to a further increase in the number of “Service” patients (from 4,673 on the 1st January 1921 to 4,991 on the 1st January 1922). The male private patients (excluding “Service”) decreased during the year by 8 or 0·2 per cent., and the females by 61, or 1 per cent.

The patients in the Naval and Military Hospitals (Yarmouth, 175, Netley, 24) are included among the private patients, as also are those persons found lunatic by inquisition who are resident in institutions. These latter numbered 112; there were in addition 143 (males, 81, females, 62) lunatics, so found by inquisition, who do not fall within the scope of our statistics.

During the year the private patients in County and Borough Mental Hospitals increased by 403, or 4·7 per cent., and there was a small increase in the numbers in Provincial Licensed Houses, while all other classes of institution and care showed decreases, the largest being one of 76 or 3·3 per cent. in Registered Hospitals.

The percentage sex distribution of the private patients was 58·3 males : 41·7 females. The proportion of males has risen yearly since the war owing to the operation of the “Service” patients’ scheme, but, if the “Service” patients are deducted, the proportions become 36·1 males : 63·9 females.

Pauper Patients.—The pauper patients under care on the 1st January 1922 numbered 108,447 (males, 44,917, females, 63,530), or 87·7 per cent. of all the notified insane. They number 3,107 more than in the preceding year.

Compared with that year, there was an increase of 3,307 or 3·9 per cent. in County and Borough Mental Hospitals, of 240 or 2·2 per cent. in ordinary Poor Law Institutions, while there were decreases in the numbers in Provincial Licensed Houses, the Metropolitan District Asylums, and among the Out-door cases.

The rate of increase for the whole number of pauper patients was 2·9 per cent. for the year, while the percentage sex distribution on the 1st January 1922 was, males 41·4 : 58·6, the proportion of the male sex being 16·9 per cent. lower than the similar proportion amongst the private patients.

Criminal Patients.—The criminal patients (males 687, females 221) numbered 908 on the 1st January 1922, being 19 males more and 5 females fewer than a year previously. Of the whole number, 269, or 29·6 per cent., were under care in County and Borough Mental Hospitals.

Statistics of Patients in Institutions for the Insane and in Single Care.

Admissions, Discharges, and Deaths in 1921.—The number of patients under detention on the 1st January 1921 in the above institutions and in private Single Care was 100,202; and at the close of the year there remained 103,510.

1921.									
Under detention 1st January	-	-	-	-	-	-	-	-	100,202
Admitted during the year	-	-	-	-	-	-	-	-	22,740
									<hr/> 122,942
Discharged, recovered	-	-	-	-	-	-	-	-	7,394
Discharged, not recovered	-	-	-	-	-	-	-	-	3,495
Died	-	-	-	-	-	-	-	-	8,543
Remained	-	-	-	-	-	-	-	-	103,510
									<hr/> 122,942

The above figures do not include 59 patients who had to be re-certified under the provisions of the Lunacy Act, 1890, or those who in the course of the year were transferred from one institution to another (or to and from Single Care), although these are technically included elsewhere as “discharged, not recovered,” from the one care, and as “admitted” into the other.

The *daily average number resident* increased from 98,434 (males, 43,213, females, 55,221) in 1920 to 102,110 (males, 44,918, females, 57,192) in 1921—the proportion in County and Borough Mental Hospitals being 93·2 per cent. in 1920 and 93·7 per cent. in 1921.

The *admissions* were 22,740 (males, 10,412, females, 12,328), or 367 more than in 1920, and 816 above the average annual number for the decennium 1912–21; and of these 18,584 were *first* admissions, being 81·7 per cent. of the total for the year. Of the whole number 20,866, or 91·8 per cent., were admitted into County and Borough Mental Hospitals. The percentage increase on the admissions for 1920 was 1·6, while the relative proportion per cent. of the male to the female admissions was 45·8 to 54·2, being a decrease of 0·6 per cent. in the proportion of males in the preceding year.

Of those *discharged*, 7,394 had recovered, and of these 6,640, or 89·8 per cent., were discharged from County and Borough Mental Hospitals. The *recovery rate*, calculated upon the total direct admissions, was 32·52 (males, 28·08, females, 36·26) per cent., being 0·55 above the percentage for the decade 1912–21 inclusive. The rate for the males was practically the same as in the preceding year, while that for females was 0·5 higher. In County and Borough Mental Hospitals the rate was 31·82 per cent.; in registered Hospitals, 44·89; and in Licensed Houses, 36·32. As public attention has more than once of late been directed to the question of the number of recoveries which take place in institutions for the insane, we would point out that the lower recovery rate in the first of these three classes of Institutions should not be regarded as betokening less adequate or successful treatment: for, in connection with this matter, such factors as discretion to refuse private patients as unsuitable, ability on the part of their friends to have them home immediately on an apparent but only temporary recovery, and perhaps the greater use by public mental hospitals of “trial” before full discharge, which enables relapses within the period of trial to be dealt with without the necessity of a fresh Order, should all be borne in mind, as well as other well-known difficulties in accurately expressing recoveries as a percentage rate upon admissions embracing all forms of mental disorder.

Those patients who were discharged from Orders as “relieved” or “not recovered” numbered 3,554, or 15·6 per cent. of the admissions.

The *deaths* numbered 8,543, being 39 more than in the preceding year, but the death-rate, calculated on the daily average number resident, was 8·37 per cent., or 0·27 per cent. lower than in the preceding year, which was the lowest rate we had ever recorded up to that time. The rate for males was 9·35 and for females 7·59. The mortality in County and Borough Mental Hospitals is commented on elsewhere in this Report.

The total number of patients detained in institutions and Single Care showed an increase during 1921 of 3,308, as compared with an increase of 3,382 in 1920. The increase for 1921 is therefore almost as large as that shown in the preceding year, and is again mainly due to the accumulation which resulted from the extremely small number of deaths.

Statistics of the Direct Admissions into Institutions for the Insane—1920.

The statistical returns compiled from the Medical Registers and forwarded every year to our office from the various institutions for the insane in England and Wales were suspended during the war years, and not resumed until 1920. The tables prepared from these returns were published in Appendix A of our Annual Reports (68th Report of Commissioners in Lunacy—Tables XV to XXVI, and 1st Report of Board of Control—Tables XIV to XXIII). For 1920 these tables have been compiled as in pre-war years, and may be consulted at our office, their publication in this Report being withheld on the ground of economy.

For several years the facts furnished by these tables were analysed in detail in the Annual Reports of the Commissioners in Lunacy. It has not been possible to deal with the 1920 tables so exhaustively as was then often attempted, but a few of the more salient facts may be dealt with here.

In the first place it must be noted that the returns are based on the *direct admissions* into institutions during 1920—amounting to 10,150 males and 11,921 females. These may be compared with the yearly average of such cases—10,402 males and 11,431 females—during the 5 years, 1909–13, as recorded in Appendix A, Table XIX of the 1st Report of the Board of Control.

In attempting even approximately a comparison as regards sex and age distribution between the general community and the number of insane persons admitted under care, it is obvious that children must be excluded from each category. For whereas at ages *under 15 years* the number in the former (Census 1911) amount to 30·6 per cent. of the total living—this proportion of the latter was only 1·6 per cent. on the average admissions in 1909–13—and 1 per cent. of those in 1920. This deduction leaves on the Census Returns a population of 25,019,625; and of the annual admissions to institutions of 21,472 for 1909–13, with 21,856 for 1920.

Sex, Age, and Marital Condition.—The proportionate distribution of the sexes per 1,000 individuals was—

	Males.	Females.
A.—General population - - -	476	524
B.—Insane, admissions 1909–13 -	474	526
C.—Insane, admissions 1920 - -	459	541

The higher proportion of females admitted during 1920 is noteworthy. Divided amongst three age-periods, the relative distribution was :—

Age.	A.		B.		C.	
	M.	F.	M.	F.	M.	F.
15-34 - - -	480	520	480	520	473	527
35-64 - - -	480	520	472	528	455	545
65 and upwards -	430	570	467	533	439	561

A like comparison of the relative proportions of the sexes in each series in regard to the total number (1,000) as apportioned between the three age-periods gives the following :—

Age.	A.		B.		C.	
	M.	F.	M.	F.	M.	F.
15-34 - - -	502	494	346	339	327	309
35-64 - - -	430	424	546	550	559	568
65 and upwards -	68	82	108	111	114	123

This comparison shows a considerable preponderance over the census figures of the cases admitted into asylums above the age of 35, with corresponding diminution at the earlier age-period.

As regards their *marital condition* the patients admitted into institutions during 1920 who were aged 15 *years and upwards* may be divided into the three categories of “single,” “married” and “widowed”—with the addition of a small proportion in which information on this point is lacking. The results may be tabulated as follows :—

Fifteen Years and Upwards.

	Total Number.		Percentage Distribution.	
	Males.	Females.	Males.	Females.
Single - - -	4,422	4,853	44·2	41·0
Married - - -	4,666	5,266	46·5	44·5
Widowed - - -	874	1,696	8·7	14·4
Unknown - - -	64	15	0·6	0·1
	10,026	11,830	100·0	100·0

The percentage proportions are approximately the same as those calculated on the average yearly admissions for the quinquennium 1909-13, which yield respectively, for *males*: S., 45·2; M., 44·9; W., 9·1; and U., 0·8. For *females*: S. 41·5; M., 43·6; W., 14·7; and U., 0·2.

Amongst the general population (Census 1911) at the ages 15 and upwards, the married are higher and the widowed lower than the above rates—being, for *males*: S., 40·3; M., 54·5; W., 5·2; for *females*: S., 39·0; M., 50·6; W., 10·4.

Apportioning the 1920 figures amongst the three age-periods—15-34, 35-64, and 65 and upwards—it will be seen from the subjoined table that in the first of these periods the proportion of married females was considerably higher than that of males, but much lower in the last period. On the other hand, the proportion of widowed was markedly above the male rate in the “65 and upwards” period.

	Males.			Females.		
	15-34.	35-64.	65 and upwards.	15-34.	35-64.	65 and upwards.
Single - -	2,612	1,674	136	2,376	2,180	297
Married - -	619	3,452	595	1,199	3,667	400
Widowed - -	24	445	405	78	864	754
Unknown - -	26	33	5	2	9	4
	3,281	5,604	1,141	3,655	6,720	1,455

PERCENTAGE DISTRIBUTION.

Single - -	79·6	29·9	11·9	65·0	32·4	20·4
Married - -	18·9	61·6	52·2	32·8	54·6	27·5
Widowed - -	0·7	7·9	35·5	2·1	12·9	51·8
Unknown - -	0·8	0·6	0·4	0·1	0·1	0·3
	100·0	100·0	100·0	100·0	100·0	100·0

Forms of Insanity.—Pending a revision of nomenclature, which recent progress in psychiatry would warrant, we must, as in previous years, deal with the well-established list introduced in 1907. In the present summary all congenital and infantile cases are excluded; and the analysis is limited to instances of *First Attack* amongst the direct admissions into institutions during the year 1920. The accompanying table deals with the eight principal forms—constituting about nine-tenths of the total such cases; and in order of frequency these are: 1. melancholia; 2. mania; 3. delusional insanity; 4. confusional

insanity; 5. senile dementia; 6. general paralysis; 7. primary dementia; 8. insanity with epilepsy.

Reference to the Annual Reports of the Commissioners in Lunacy will show that the relative proportion of the different forms of insanity had not varied much from year to year; but in comparing the figures compiled from the medical registers in 1920 with those recorded on the average of five years, 1909–13, some rather striking variations appear. It may be going too far, perhaps, to assume that these variations are solely connected with the derangements—mental as well as physical—produced by the war years, 1914 to 1918, but that they must have had some influence is more than likely. In making the comparison, too, it must be remembered that whereas the total number of male patients dealt with in 1920 was 261 fewer than the average for 1909–13 that of female cases was 474 in excess. This may partly account for the falling off in the number of cases of general paralysis, which reduced its percentage from 16·9 to 14·1 in the male sex, and from 2·9 to 1·9 in the female. But such an explanation can hardly account for the *rise* in percentage of confusional insanity from 4·9 to 9·1 in both sexes, nor of primary dementia from 3·2 to 6·0. And, whilst the cases of melancholia are almost similar in the two periods, viz., 26 per cent. in 1909–13 and 25·6 in 1920, those of mania declined from 23·1 to 16·7; but the attacks of delusional insanity rose from 9·8 to 13·6 per cent.

In regard to the *age-distribution* of the different forms of insanity (which also shows some variations from that in the years 1909–13) it must suffice here to remark that in 1920, of the cases of *insanity with epilepsy* in each sex nearly 55 per cent. occurred in the age-period 15–34, and 40 per cent. in that of 35–64. On the other hand, 88 per cent. of the cases of *general paralysis* were at ages 35–64 in males, and 83·8 per cent. in females. Of cases of *primary dementia*, 85·3 per cent. in males and 85·9 per cent. in females occurred at the earlier age-period 15–34. *Confusional insanity* was much more frequent at the period 35–64 than at 15–34. *Mania* (recent) in males yielded 39·6 per cent. at 15–34, and 52·5 at 35–64; but in females these proportions were 46 and 49 per cent. respectively. Of the cases of *melancholia* nearly 27 per cent. were (in each sex) in the earlier period and 64 and 67 per cent. in the later. Of *delusional insanity* there was twice as high a proportion at 15–34 in males (33·5 per cent.) than in females (16 per cent.). Of *senile dementia*, 82 and 87·5 per cent. occurred in males and females respectively in the age period 65 and upwards.

Causes of Insanity.—One of the most interesting subjects treated in these statistics is that which deals with the antecedents to an attack of insanity as elicited by inquiry into the life-history of the patient concerned. The detailed and revised schedule of the various “etiological factors” was drawn up by a Committee of the Medico-Psychological Association, and first adopted

Direct Admissions.—First Attacks.

Form of Insanity.	1909-13.						1920.					
	Number.			Percentage Distribution.			Number.			Percentage Distribution.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Insanity with Epilepsy -	444	353	797	6.2	4.6	5.4	367	341	708	5.3	4.2	4.7
General Paralysis -	1,215	223	1,438	16.9	2.9	9.7	976	154	1,130	14.1	1.9	7.5
Confusional Insanity -	333	397	730	4.6	5.2	4.9	537	827	1,364	7.8	10.2	9.1
Primary Dementia -	250	232	482	3.5	3.1	3.2	443	463	906	6.4	5.7	6.0
Mania—Recent -	1,510	1,906	3,416	21.0	25.0	23.1	940	1,562	2,502	13.6	19.3	16.7
Melancholia—Recent -	1,520	2,331	3,851	21.2	30.6	26.0	1,511	2,329	3,840	21.8	28.8	25.6
Delusional Insanity -	686	764	1,450	9.5	10.0	9.8	999	1,040	2,039	14.4	12.9	13.6
Senile Dementia -	540	585	1,125	7.5	7.7	7.6	610	739	1,349	8.8	9.1	9.0
Other forms -	688	832	1,520	9.6	10.9	10.3	536	640	1,176	7.8	7.9	7.8
Total -	7,186	7,623	14,809	100.0	100.0	100.0	6,919	8,095	15,014	100.0	100.0	100.0

by the Commissioners in Lunacy in preparing the statistical tables for 1907. The last such table to be published appeared on p. 67, Part II., Appendix A., of the First Report of the Board of Control. It is headed : “Table XIV. Showing by a Yearly Average the Assigned Causes and Associated Factors of Insanity in the Cases of all Direct Admissions of Patients into all Institutions for Lunatics in England and Wales during the Five Years, 1909–1913”

The resumption of full medical records, which had been largely suspended during the war, has now allowed of a return to the pre-war practice; and the tables dealing with the “Causes of Insanity” for the year 1920 have been duly prepared, and although not published, are filed at our office for reference.

The numerical list of the various “factors” is a lengthy one, and it must suffice here to reproduce the percentage rate of the total direct admissions furnished by the more frequently occurring factors. It may, too, be of interest to compare the record of the average of the 5 years, 1909–13, with that furnished by the figures of 1920.

	Males.		Females.	
	1909–13.	1920.	1909–13.	1920.
TOTAL—Direct admissions	10,402	10,150	11,431	11,921
Causes and Associated Factors of Insanity :—	Per cent.	Per cent.	Per cent.	Per cent.
Insane Heredity - - -	20·5	15·4	25·9	22·4
Alcoholic Heredity - - -	4·6	1·9	4·7	2·6
Congenital Mental Deficiency	3·4	4·2	3·3	2·7
Puberty and Adolescence -	3·9	3·3	4·1	3·7
Climacteric - - -	0·2	0·4	8·5	9·7
Senility - - -	8·0	8·4	9·0	9·2
Puerperal State - - -	—	—	4·2	4·2
Sudden Mental Stress -	2·5	3·0	4·4	4·4
Prolonged Mental Stress -	16·8	24·8	18·6	22·4
Alcohol (toxic) - - -	20·9	12·6	8·7	3·9
Influenza - - -	1·9	1·6	1·8	2·1
Syphilis - - -	9·3	10·6	1·4	1·7
Traumatism - - -	3·5	3·0	0·9	0·7
Brain Lesions - - -	2·3	2·1	1·4	1·2
Epilepsy - - -	6·8	5·4	4·9	4·1
Cardio-vascular Degeneration	3·6	4·3	2·7	2·7

Although there is a fair concordance in the relative frequency of most of these “causal factors” between the rates of 1909–13, and of 1920, there are three marked instances of divergence to

which attention may be drawn : (1) One of these is as regards "insane heredity," which yielded a lower rate in 1920 than in 1909-13 in each sex—most in males. (2) On the other hand the proportion of cases where "prolonged mental stress" is recorded as an antecedent to the attack, is considerably higher in each sex in 1920 than in 1909-13. (3) More marked still is the decline in the share taken by alcoholism and inebriety in the etiology of insanity—which in 1920 yielded a rate amongst females only one-half that in 1909-13, and in males not much above one-half.

ADDENDUM.

Forms of Insanity in relation to Etiology.

The medical registers kept in every institution for the insane contain many facts of interest and value bearing upon mental disorders. These records being compiled at so many different centres, necessarily vary in regard to fulness of detail and the extent to which inquiry is carried in determining the essential facts in the history of a case. These and other more obvious reasons may render it impossible to obtain exactitude in the interpretation of facts so variously compiled and enhance the risk of fallacious inference; and therefore it might well be deemed unnecessary to subject these registers to the close study needed to elicit the required information.

The following is the result of a limited attempt to ascertain from the records in the registers of 1920, the relation which the "form of insanity" bears to the antecedents in the personal history of a patient which are assigned as "causes" of the attack. The data were furnished by the registers of 16 institutions—Three Counties, Berks, Brecon, Bucks, Cambridge, Carmarthen, Chester, Parkside, Cornwall, Cumberland, Denbigh, Derby County, Devon, Rainhill, Bexley and Long Grove. Into these institutions the total direct admissions in 1920 were 3,494; and of these, 2,308 were "first attacks," of whom 1,132 were males and 1,176 females.

The inquiry has been limited to five of the principal forms of insanity, viz.: 1. Confusional Insanity; 2. Primary Dementia; 3. Mania (recent); 4. Melancholia (recent); and 5. Delusional Insanity. These, together with General Paralysis and Senile Dementia, constitute a large majority of the cases admitted to care. It did not seem necessary to include the last-named forms, seeing that the predominant etiological factor in the one case is syphilis, and in the other senility with arterial degeneration.

The number of patients included under these five selected "Forms" was 1,635 admitted in their first attack—754 males, 881 females—leaving for all the other scheduled forms 378 males and 295 females.

In a certain number of cases—117 males and 153 females—no etiological factor could be assigned or was ascertainable, and the subtraction of these figures will leave 637 male and 728 female patients, against each of whom there is recorded one or more such factor. The total of these factors was for the male patients, 141; female, 129—occurring alone or in combination to the extent of 875 instances in the males and 960 in the females.

It is more than likely that if this investigation could have been carried out for all the institutions instead of only one-sixth of the whole number, the results would be different from those obtained in this limited survey. But the only feasible method for ensuring greater accuracy and general conformity would be by the appointment of an additional medical officer to the staff of every mental hospital, whose duties would be concerned mainly with registration and the tabulation of the facts that accrue from it. At the present time such a scheme may be regarded as utopian, however desirable from a scientific standpoint.

1. *Confusional Insanity.*—*Males.*—93 patients, 30 etiological factors, amounting to 123 instances in all. Five of the factors yielded 84 instances, the remaining 39 of the latter being shared by 25 other factors.

Females.—119 patients, 27 factors occurring in 164 instances. Nine factors accounted for 120 instances, and 18 other factors for 44 instances.

Males.			Females.		
Etiological Factors.	Instances.		Etiological Factors.	Instances.	
	No.	Per cent.		No.	Per cent.
1. Alcohol (toxic) -	31	25·2	1. Prolonged Mental Stress -	27	16·5
2. Prolonged Mental Stress -	27	21·9	2. Insane Heredity -	21	12·8
3. Insane Heredity -	12	9·8	3. Puerperal state -	17	10·4
4. Toxaemia -	9	7·3	4. Climacteric -	16	9·7
5. Adolescence -	5	4·1	5. Alcohol (toxic) -	11	6·7
			6. Cardio-vascular Degeneration -	11	6·7
			7. Senility -	6	3·7
			8. Tuberculosis -	6	3·7
			9. Pregnancy -	5	3·0
	84	68·3		120	73·2
25 other factors -	39	31·7	18 other factors -	44	26·8
30 total factors -	123	100·0	27 total factors -	164	100·0

Thus it would appear that, as regards the cases received during 1920 into the above-named institutions, diagnosed as confusional insanity, an insane heredity and prolonged mental stress were chief antecedents, but that a considerable share (especially in the males) was taken by alcoholic excess; and in the case of females by the mental disturbance associated with the climacteric, puerperal state, and pregnancy.

2. *Primary Dementia.*—*Males.*—73 patients, 18 etiological factors, amounting to a total of 111 instances in all. Four factors yielded 91, or 82 per cent., the remaining 20 instances being furnished by 14 other factors.

Females.—53 patients, 19 etiological factors occurring in 75 instances. Three factors stand out as contributing 53 instances, or 70·7 per cent., the remaining 22 instances being contributed to by the 16 other factors.

Males.			Females.		
Etiological Factors.	Instances.		Etiological Factors.	Instances.	
	No.	Per cent.		No.	Per cent.
1. Prolonged Mental Stress - -	34	30·7	1. Adolescence -	23	30·7
2. Adolescence -	26	23·4	2. Insane Heredity -	18	24·0
3. Insane Heredity -	23	20·7	3. Prolonged Mental Stress - -	12	16·0
4. Congenital Mental Deficiency -	8	7·2	4. Congenital Mental Deficiency -	3	4·0
	91	82·0		56	74·7
14 other factors -	20	18·0	15 other factors -	19	25·3
18 total factors -	111	100·0	19 total factors -	75	100·0

Here, as indeed in all forms of insanity, the influence of prolonged mental stress (especially marked here in the male sex), and of an insane heredity, is considerable. Apart from this, the predominance of the factor of youth and, to a less extent, of congenital mental deficiency, is noticeable; for doubtless a large proportion of these cases belong to the category of dementia præcox.

3. *Mania* (Recent).—*Males.*—127 patients, 26 etiological factors occurring in 176 instances. Seven factors contributed 142, or 80·7 per cent. of the total instances, the remainder (34) of the latter being furnished by 19 other factors.

Females.—164 patients, 26 etiological factors occurring in 200 instances. Eight of the factors accounted for 158 or 79 per cent. of the total instances, leaving 42 contributed by 18 other factors.

Males.			Females.		
Etiological Factors.	Instances.		Etiological Factors.	Instances.	
	No.	Per cent.		No.	Per cent.
1. Prolonged Mental Stress - -	42	23·9	1. Prolonged Mental Stress - -	50	25·0
2. Insane Heredity -	32	18·2	2. Insane Heredity -	37	18·5
3. Alcohol (toxic) -	28	15·9	3. Climacteric - -	24	12·0
4. Adolescence -	12	6·8	4. Puerperal state -	14	7·0
5. Sudden Mental Stress - -	11	6·3	5. Sudden Mental Stress - -	14	7·0
6. Senility - -	9	5·1	6. Adolescence -	8	4·0
7. Syphilis - -	8	4·5	7. Alcohol (toxic) -	7	3·5
	142	80·7	8. Influenza - -	4	2·0
19 other factors -	34	19·3		158	79·0
26 total factors -	176	100·0	18 other factors -	42	21·0
			26 total factors -	200	100·0

Apart from the predominance of the factors of prolonged stress and insane heredity, the most marked antecedents of recent mania are alcoholic inebriety in males, and in females the influence of the climacteric and of the puerperal state. Sudden mental stress might *a priori* be thought to be more frequent a factor than would appear from these returns.

4. *Melancholia* (Recent).—*Males*.—202 patients, 36 etiological factors which occurred in 276 instances. Eight factors contributed 214, or 77·5 per cent., of the total instances, and 28 others the remaining 62.

Females.—260 patients, 35 etiological factors distributed between 342 instances. Eight factors accounted for 261 instances, or 76·3 per cent., the remaining 62 instances being furnished by 27 additional factors.

Males.			Females.		
Etiological Factors.	Instances.		Etiological Factors.	Instances.	
	No.	Per cent.		No.	Per cent.
1. Prolonged Mental Stress - -	93	33·7	1. Prolonged Mental Stress - -	85	24·9
2. Insane Heredity -	42	15·2	2. Insane Heredity -	66	19·3
3. Senility - -	23	8·3	3. Climacteric - -	41	12·0
4. Alcohol (toxic) -	20	7·3	4. Sudden Mental stress - -	23	6·7
5. Cardio-vascular Degeneration -	11	4·0	5. Senility - -	14	4·1
6. Influenza - -	10	3·6	6. Influenza - -	13	3·8
7. Sudden Mental Stress - -	8	2·9	7. Puerperal state -	10	2·9
8. Syphilis - -	7	2·5	8. Alcohol (toxic) -	9	2·6
	214	77·5		261	76·3
28 other factors -	62	22·5	27 other factors -	81	23·7
36 total factors -	276	100·0	35 total factors -	342	100·0

As might be expected, melancholia is most frequently associated with prolonged mental stress and in subjects hereditarily predisposed to insanity. The factor of "influenza" as an antecedent is noteworthy, as well as the toxic effects of alcohol and syphilis, and the advance of age.

5. *Delusional Insanity*.—*Males*.—142 patients, 31 etiological factors occurring in 189 instances, of which 144 are distributed amongst the eight selected factors with highest number of instances, leaving 45 shared by 23 other factors.

Females.—132 patients, 22 etiological factors occurring in 179 instances, of which 143 pertain to 7 selected factors, the remaining 36 being shared by 15 other factors.

Males.			Females.		
Etiological Factors.	Instances.		Etiological Factors.	Instances.	
	No.	Per cent.		No.	Per cent.
1. Prolonged Mental Stress - -	50	26·4	1. Prolonged Mental Stress - -	45	25·1
2. Insane Heredity -	30	15·9	2. Insane Heredity -	29	16·2
3. Alcohol (toxic) -	26	13·7	3. Climacteric - -	29	16·2
4. Senility - -	11	5·8	4. Senility - -	18	10·1
5. Sudden Mental Stress - -	9	4·8	5. Alcohol (toxic) -	12	6·7
6. Congenital Mental Deficiency -	6	3·2	6. Sudden Mental Stress - -	5	2·8
7. Syphilis - -	6	3·2	7. Cardio-vascular Degeneration -	5	2·8
8. Traumatism -	6	3·2			
	144	76·2		143	79·9
23 other factors -	45	23·8	15 other factors -	36	20·1
31 total factors -	189	100·0	22 total factors -	179	100·0

COUNTY AND BOROUGH MENTAL HOSPITALS.

A list of these Institutions, with the names of the Medical Superintendent and of the Clerk to the Visiting Committee of each one, is given in Appendix B., page 124.

Amount of Vacant Accommodation.

On the 1st September 1921, the new institution at Park Prewett, Basingstoke, was opened as a second institution for the reception of insane patients of the County of Hampshire and the County Boroughs of Bournemouth and Southampton. It provides accommodation for 1,400 patients (700 of each sex).

This, with the re-opening of the Lancashire County Mental Hospital, Winwick, after use as a war hospital, raised the total number of County and Borough Mental Hospitals functioning as such on the 1st January 1922 to 95, with a total accommodation for 106,983 patients (48,966 males and 58,017 females); and, inasmuch as 97,360 patients (43,056 males and 54,304 females) were then under treatment, the vacancies amounted to 9,623—5,910 for males and 3,713 for females.

Further accommodation will be provided at an early date by :—

(1) The re-opening, in the early part of the second half of 1922, of the Oxford County and City Mental Hospital which, subse-

quently to its use by the military authorities, has been on loan to the Ministry of Pensions. When formerly in use as a Mental Hospital there had always been marked inequality between the day and night accommodation provided. By a re-arrangement of certain of the day rooms and dormitories, and the allocation of others of these rooms to supplement the administrative department, which for many years had been felt to be cramped, the accommodation for the future has been fixed at 706 (males 335, females 371).

(2) The re-opening of the Ewell Colony (for 428 epileptic patients), which is one of the London County Mental Hospitals, and the tenancy of which by the Ministry of Pensions has been extended until the 31st July 1923.

(3) The opening of the Maudsley Hospital (also under the London County Council) for the reception, treatment and study of early cases of mental disorder. It will accommodate 144 patients, 72 of each sex.

(4) The re-opening during 1922 of the Hollymoor Annex of Rubery Hill Mental Hospital (604 patients), and of a portion of the West Riding of Yorkshire Mental Hospital at Wadsley (Block " B " for 300 patients), which, since their occupation by the military authorities, have been on loan to the Ministry of Pensions.

The average annual increase in the number of patients in County and Borough Mental Hospitals in 1920 and 1921 was 3,864 (1,824 males, 2,040 females) as compared with an average pre-war yearly increase of 2,095 (1,036 males, 1,059 females), for the ten years ended the 31st December 1913. This large rate of increase may not be maintained; but, even if it is, it will be seen that the vacancies (9,623—males 5,910, females 3,713) in existence on the 1st January 1922 with the additional accommodation mentioned above as shortly to be provided, together with that which will ultimately be provided by the 11th County of London Mental Hospital now in course of completion*, and the possible completion of the Joint Swansea and Merthyr Tydfil Mental Hospital (at present in abeyance), will probably provide sufficient accommodation for some years to come.

Admissions, Discharges and Deaths.

On the 1st January 1922 the County and Borough Mental Hospitals contained 97,360 patients, classified as follows :—

—							Males.	Females.	Total.
Private	-	-	-	-	-	-	6,269	2,633	8,902
Pauper	-	-	-	-	-	-	36,584	51,605	88,189
Criminal	-	-	-	-	-	-	203	66	269
Total							43,056	54,304	97,360

* See pp. 9 and 10 of our last Report, pp. 44 and 45 of the 67th Report of the Commissioners in Lunacy, and p. 29 of this Report.

Upon the year there was a net increase of 3,712 in the number of patients resident.

During the year there were 25,865 admissions, as shown below :—

—	Males.	Females.	Total.
Total admissions in 1921 - - -	11,612	14,253	25,865
Deduct transfers from other Institutions, and re-admissions on fresh reception orders to replace lapsed orders - - - - -	2,039	2,960	4,999
Number of direct admissions - - -	9,573	11,293	20,866

The direct admissions in 1921 were 474 more in number than those of the previous year, and 1,079 (204 males and 875 females) more than the average of the ten preceding years.

Of these direct admissions, 18·5 per cent. had been previously discharged from institutions for the insane.

The discharges during the year were 14,134, of whom were—

—	Males.	Females.	Total.
Discharged "recovered" - - -	2,623	4,017	6,640
Discharged "not recovered," including the transfers to other institutions and the re-certifications to replace lapsed orders	3,276	4,218	7,494
Total - - - - -	5,899	8,235	14,134

The above figures show a percentage of recoveries to admissions of 31·8, as compared with an average percentage of 31·6 for the preceding ten years.

During the year, 8,019 patients (3,957 males and 4,062 females) died.

The proportion per cent. of deaths to the daily average number resident was 8·4, namely, 9·4 males and 7·6 females.

The number of post-mortem examinations was 4,975, being 62·0 per cent. of the total number of deaths.

The "Service patients" increased in number during the year by 318, and at the end of the year the number remaining was 4,991.

*Changes among the Medical Superintendents.**London County Mental Hospital, Bexley.*

Dr. T. E. Knowles Stansfield, C.B.E., who, since its opening had been medical superintendent of the hospital, retired after nearly 23 years service. During that period he had performed work of great value in developing arrangements on modern lines for the treatment of recent cases and in establishing a system of clinical records which was productive of a high standard of medical work—methods which have been followed in many other similar institutions. To succeed him, Dr. Geoffrey Clarke, M.D. Lond., deputy superintendent at Banstead Mental Hospital, was promoted; he had had many years previous experience at several of the London County Mental Hospitals and had been Officer in Charge of the Ewell Colony while a hospital under the War Office and Ministry of Pensions.

Essex County Mental Hospital, Brentwood.

On the lamented death of Dr. George Evans, Dr. William Robinson, M.B., Ch.B., D.P.M., Leeds, was appointed to succeed him, having been formerly deputy superintendent at Wakefield and having also had experience during the war at Neurological Hospitals.

Nottingham City Mental Hospital, Mapperley Hill.

Dr. Evan Powell retired after over forty-one years service as medical superintendent; during the course of his long superintendentship he had been indefatigable in promoting the welfare of the Institution and its patients. He was succeeded by Dr. George L. Brunton, M.D., Ch.B. Edin., previously deputy superintendent at the North Riding Mental Hospital, Clifton, who also during the war had Neurological experience as an Officer in the Royal Army Medical Corps.

Hants County Mental Hospital, Park Prewett.

Dr. Richard F. B. Bowes, B.A. Oxon., M.R.C.S. Eng., L.R.C.P. Lond., formerly deputy superintendent of Brookwood Mental Hospital, was appointed to be the first medical superintendent at Park Prewett which, subsequently to its evacuation by the military authorities, was opened for the reception of patients on the 1st September, 1921.

Union of Counties.

Ever since 1911 when the Union between the counties of Salop and Montgomery for Asylum purposes was dissolved, the

county of Montgomery has experienced very great difficulty in making provision for its insane. The idea of building a small new institution for their accommodation, though thought of, could not be seriously entertained on the ground of expense, nor was the proposal to adapt the Forden Poor Law Institution for their reception at all a practical scheme. The county accordingly had to do its best to board them out in the institutions of other authorities, pending some permanent arrangement. In the meantime negotiations for union were started with the counties of Brecon and Radnor, who, in combination, have since 1903 administered a small mental hospital at Talgarth. The institution is larger than is required by the two counties for their own patients, and the surplus accommodation has been utilised by receiving patients from other authorities under contract. No definite arrangements could be arrived at until the conclusion of the war.

We have always been in favour of union between the counties of Brecon, Radnor and Montgomery, both for their geographical position and the similarity of their populations and circumstances. We were, therefore, very glad to hear in the early part of last year that terms had been arranged between the three counties and that the Agreement enabling them to unite for the purposes of the Lunacy Act, 1890, had been approved by the Minister of Health.

Discharges of Patients.

Sections 72–74, Lunacy Act, 1890.—In accordance with a promise made by the Minister of Health in answer to a question in the House of Commons, we have had under consideration the question of informing relatives of their right to discharge a private or “service” patient. We decided as from the beginning of the present year to inform the petitioner on the admission of a private patient, the next-of-kin of a soldier transferred to the “service” class, and the person responsible for the maintenance of a patient transferred from the pauper to the private class, of the provisions of section 72 as modified by section 74 of the Lunacy Act, 1890.

It is pointed out in the notice that, in the interest of the patient, the power of discharge should not be exercised without the Medical Superintendent or the medical practitioner in charge of the case being first consulted.

Section 79, Lunacy Act, 1890.—In consequence also of questions which had been asked in the House of Commons as to the desirability of informing the relatives and friends of patients of the power of discharge upon their application and undertaking to be responsible for them, we informed Visiting Committees that we intended as soon as practicable to insert in the “Rules of the Commissioners of the Board of Control” a

rule requiring that in the "Regulations as to Visitation" furnished by each institution to the friends of patients, the substance of the above section should be included. In the meantime the wish was expressed that the several Visiting Committees would, as opportunity offered, make the inclusion without waiting until the new rule came into force, and we learnt with pleasure that several institutions adopted the suggestion at once.

Financial Expenditure.

The total expenditure on the up-keep of the County and Borough Mental Hospitals in England and Wales, and on the maintenance, supervision and treatment of the patients in them during the financial year ended 31st March, 1921, amounted to 7,954,440*l.*, made up as follows :—

	£
Maintenance - - - -	7,088,874
Building and repairs - - -	831,346
Land purchased - - - -	28,588
Land rented - - - -	5,632
Total - - - -	<u>£7,954,440</u>

The above figures, details of which will be found in Appendix A., Table II., do not include any expenditure on new institutions as yet unoccupied.

Compared with the figures of the preceding year, there was an increase of 1,783,866*l.* in the amount expended on maintenance; of 378,058*l.* in the cost of building and repairs and of 96*l.* in the amount paid for land rented; while the outlay on land showed a decrease of 8,376*l.*, making a total net increase of 2,153,644*l.*

Average Weekly Cost.

The average weekly cost of maintaining the patients in the County and Borough Mental Hospitals for the year ended 31st March, 1921, excluding the cost of repairs, additions, and alterations, was as follows :—

	s.	d.
In County Mental Hospitals - -	27	7 $\frac{7}{8}$
In Borough Mental Hospitals - -	29	6 $\frac{1}{2}$
In both taken together - - -	28	1 $\frac{1}{8}$

The items making up the average weekly cost for the last two financial years are contrasted in the following table :—

DETAILS OF THE AVERAGE WEEKLY COST.	County Mental Hospitals.		Borough Mental Hospitals.	
	1919-20.	1920-21.	1919-20.	1920-21.
	s. d.	s. d.	s. d.	s. d.
Provisions not supplied from Institution garden and farm, but procured from outside the Institution (including malt liquor in ordinary diet) - - - - -	5 10 $\frac{1}{4}$	6 6 $\frac{1}{8}$	5 8	6 5 $\frac{3}{8}$
Clothing of patients and attendants - - -	1 4 $\frac{1}{4}$	1 9 $\frac{5}{8}$	1 4 $\frac{3}{8}$	1 7 $\frac{1}{2}$
Salaries and wages (less deductions under the Asylums Officers' Superannuation Act, 1909)	8 2	10 9 $\frac{7}{8}$	8 9 $\frac{1}{8}$	11 4 $\frac{7}{8}$
Pensions, gratuities, &c. (charged to maintenance account) - - - - -	0 3 $\frac{1}{2}$	0 4 $\frac{3}{8}$	0 2 $\frac{5}{8}$	0 3
Necessaries (<i>e.g.</i> , fuel, light, washing, &c.) -	2 9 $\frac{5}{8}$	3 7 $\frac{1}{8}$	3 2 $\frac{3}{8}$	4 0 $\frac{7}{8}$
Surgery and dispensary - - - - -	0 2	0 2 $\frac{3}{8}$	0 2 $\frac{1}{2}$	0 2 $\frac{5}{8}$
Malt liquor, wine and spirits (not included in ordinary diet) - - - - -	0 0 $\frac{1}{8}$	0 0 $\frac{1}{8}$	0 0 $\frac{1}{8}$	0 0 $\frac{1}{8}$
Furniture and bedding - - - - -	0 8 $\frac{1}{8}$	0 11 $\frac{1}{8}$	0 8 $\frac{7}{8}$	1 0 $\frac{1}{4}$
Garden and farm - - - - -	1 11 $\frac{7}{8}$	2 4 $\frac{1}{8}$	3 8 $\frac{1}{8}$	3 8 $\frac{1}{4}$
Miscellaneous - - - - -	1 5 $\frac{7}{8}$	2 2 $\frac{3}{4}$	1 9 $\frac{1}{2}$	2 7 $\frac{1}{4}$
	22 9 $\frac{5}{8}$	28 9 $\frac{5}{8}$	25 7 $\frac{5}{8}$	31 4 $\frac{1}{8}$
Less Moneys received for articles, goods, and produce sold (exclusive of those consumed in the Institution) - - - - -	0 11 $\frac{1}{8}$	1 1 $\frac{3}{4}$	1 10 $\frac{1}{8}$	1 9 $\frac{5}{8}$
NET TOTAL average weekly cost } per head - - - - - }	21 10 $\frac{1}{2}$	27 7 $\frac{7}{8}$	23 9 $\frac{1}{2}$	29 6 $\frac{1}{2}$

The total average weekly cost per head for all institutions showed an increase of 5s. 9 $\frac{3}{8}$ d. on the previous year, as against increases of 5s. 6 $\frac{3}{8}$ d., 2s. 3 $\frac{3}{4}$ d., 1s. 9d., and 1s. 0 $\frac{3}{4}$ d. in the four years immediately preceding. The increased cost shown in each of these years reflects the general increase in the cost of living throughout the country, and although the weekly cost in the year under review reached 28s. 1 $\frac{1}{8}$ d. per head as compared with 10s. 9 $\frac{1}{8}$ d. in the year ending 31st March, 1914, there is reason for anticipating that this sum represents a maximum, and that the next published figures will show a considerable fall in the cost. The figures for last year represent an increase of 161 per cent. in the cost upon those for the year ending 31st March 1914, while the cost of living figures published in the *Labour Gazette* reached a maximum increase on the pre-war cost in November 1920, being 176 per cent.

The chief increase for the year was shown under the heading "Salaries and Wages," viz., 2s. 7 $\frac{7}{8}$ d. in County Mental Hospitals and 2s. 7 $\frac{3}{4}$ d. in Borough Mental Hospitals; but this item should show a marked reduction next year consequent on the fall in war bonuses based on the cost of living.

During the same year the total average weekly cost per head of "Pensions, gratuities, &c.," in County and Borough Mental

Hospitals together was 6*l.* Of this sum, 4 $\frac{3}{4}$ *l.* was charged to the Maintenance account and the remainder to the Building and Repairs account. In considering the cost of pensions it should be noted that there was also paid direct by County and Borough Councils a total sum of 24,321*l.*, for pensions granted under the Lunacy Acts of 1890 and previous years, which do not appear as a charge on the accounts of the several Visiting Committees, but which should be included to show the total cost of pensions, which then comes out at 7 $\frac{1}{4}$ *l.* per head per week.

Additions, Alterations and Improvements.

In the pursuance of the Government policy of restricting public expenditure, all schemes which have been submitted to us throughout the year have been subjected to the closest scrutiny, and we have not felt justified in recommending approval of any scheme which was not thought to be essential, either to the proper care and treatment of the patients, or to the adequate accommodation of the increased numbers of the staffs rendered necessary by the shorter hours of duty now in force at County and Borough Mental Hospitals generally.

The following are the more important building operations at County and Borough Mental Hospitals sanctioned during the year by the Minister of Health.

London County Eleventh.—In January 1916 the Treasury intimated to the London County Council that, owing to the war, they were not prepared to sanction the continuance of expenditure for the erection of this institution, details of which were given on pp. 44 and 45 of the 67th Report of the Commissioners in Lunacy. It was decided therefore—after carrying out certain protective works—to stop further progress, and the works were closed down in the early autumn of that year. At that time the buildings were at varying stages of completion and over 242,000*l.* had already been expended.

In November 1920, representations were made to us that, in order to prevent the further serious deterioration of the buildings, and for other important reasons, it was desirable that the institution should be completed.

After a careful enquiry, in consultation with the Ministry of Health, it was decided that the work of completion should be limited to those buildings which were in an advanced stage of construction. The erection of the chapel; the female infirmary and acute ward and one villa for male working patients is therefore to be postponed with an estimated nett saving of 155,300*l.* The estimated *total* cost of the modified scheme, which will provide accommodation for 1,664 (1,060 male and 604 female) patients, is 762,670*l.*

London County—Cane Hill.—Works of adaptation at the residence known as “Portnalls” for the accommodation of 39 male

working patients at an estimated cost of 1,890*l.* This property was purchased for the purpose in 1913,* but, owing to the war, the residence had to be allowed to remain in a derelict condition.

Cheshire—Parkside.—Alterations to the wards for cases of tuberculosis at the Annex, at an estimated cost of 2,115*l.* These alterations were considered essential to the proper treatment of such patients.

Accommodation for Officers.—

Essex County—Severalls.—The conversion of quarters into two flats for married Assistant Medical Officers at an estimated cost of 1,000*l.*

London County—Hanwell.—Alterations to provide quarters for two married Assistant Medical Officers at an estimated cost of 372*l.*

Yorks : West Riding—Wakefield.—The purchase at a cost of 1,500*l.* of a residence for the Deputy Medical Superintendent, who had to vacate a residence which had hitherto been rented for the purpose by the Committee.

Durham.—The erection of a residence for the Clerk of Works at an estimated cost of 1,335*l.*

Gloucester—Wotton.—The adaptation of an old cottage for the Clerk of Works at an estimated cost of 237*l.*

For Nurses (male and female) and Artizans at the following seven mental hospitals :—

Cambridge.—A detached home for 25 nurses, 6,270*l.*

Devon.—Six cottages, 5,130*l.*

Hants.—Fareham.—1 pair of cottages, 1,300*l.*

London, City of.—Purchase of 3 cottages, 500*l.*

Notts County.—5 pairs of cottages, 9,055*l.*

Yorks : West Riding—Storthes Hall.—7 pairs of cottages, 13,651*l.*

Yorks : West Riding—Wakefield.—2 pairs of cottages, 3,937*l.*

Yorks : West Riding—Wakefield.—Purchase of 2 cottages, 1,280*l.*

Farm Buildings.—At the two following mental hospitals the buildings were in more or less dilapidated condition and urgently needed improvement.

Carmarthen.—Additions to cow houses, 218*l.*

Lancaster.—New cow houses, 1,250*l.*

* See First Report of the Board of Control, page 21.

Purchases of Land.—Sanction was given, in special circumstances, to the subjoined purchases at the following six mental hospitals.

Cambridge.— $7\frac{1}{2}$ acres at the cost of 337*l*.

Cornwall.— $7\frac{1}{4}$ acres at the cost of 510*l*.

Norfolk.—43 acres at the cost of 2,435*l*.

Lancs : Rainhill.— $41\frac{1}{2}$ acres at the cost of 2,700*l*.

Yorks : East Riding.— $2\frac{1}{2}$ acres at the cost of 160*l*.

Yorks : West Riding, Wakefield.—76 acres (and buildings) at the cost of 2,600*l*.

Alienation of Land.—Although formal approval is not required under the provisions of the Lunacy Acts, consent was given in the following cases to land ceasing to be used for the purposes of a County or Borough Mental Hospital.

Yorks : North Riding.—Two acres of land to be conveyed to the Flaxton Urban District Council for housing purposes.

Gloucester, Wotton.—268 square yards of land for the purpose of widening the main road.

West Ham.—A strip of land across the northern portion of the estate in connection with the new arterial road (Eastern Avenue) being constructed as part of the Government scheme for the employment of ex-service men.

Suicides and some other fatal Casualties.

The question of suicides amongst patients in County and Borough Mental Hospitals is one needing grave thought at the present time when the tendency on the part of the Board, and we hope on the part of the large majority of mental hospital Superintendents, is to give much greater liberty and freedom than has been given in the past not only to those of whom, after long residence, the Medical staff have the most intimate knowledge, but also to very many who have only recently been admitted, and to others who, it is hoped, will not abuse the confidence placed in them.

The result of this greater freedom will, it is possible, lead to a larger number of attempts at self-injury on the part of patients, who were not suspected of suicidal impulses, but we are convinced that this evil is far outweighed by the greater good which will undoubtedly be felt by the many. In these circumstances we will do all in our power to assist Medical Superintendents in every possible way should any untoward event occur; including being prepared to give evidence, at any enquiry, that the greater freedom has been given at our express desire. We have no doubt that the Medical Staff will exercise all reasonable care in deciding to whom the increased freedom is given and hope they will feel that they can exercise their discretion more happily, knowing that the Board will be at their backs in cases of accident.

At the same time we would again revert to the question of the warning cards issued to members of the nursing staff when a patient is believed to be actively suicidal and would urge that, in future, all Medical Superintendents should fall into line in using only one caution card for such cases and not two, as is now done in a small minority of institutions. We consider that the responsibility for the decision as to the suicidal nature of each case must be entirely on the shoulders of the Medical Staff and that only those thought to be actively suicidal should be specially watched, leaving those who may be potentially so to the ordinary supervision given to others.

During the year, 32 patients died as the result of a suicidal act, but in six of these the act was committed before admission and in eight whilst the patient was out on trial, so that in only 18 were the patients actually in residence at the time of the fatal occurrence.

None of the cases raises any new points, but a case of death from scalding shows that better precautions should be taken to prevent any further cases of the same character. In this case L. P., who had never shown signs of suicidal tendencies and appeared to be mentally convalescent, was allowed to work in the laundry. After working well for some four months she appears to have had a sudden suicidal impulse and jumped into a tub containing hot water, scalding herself so severely that she eventually died. Happily, attempts of this nature are not of frequent occurrence, but at least two others have taken place in recent years, and we feel that as far as practicable all such open tanks, coppers or boilers should be protected by wire covers or by other suitable means.

The following notes on other deaths are of interest :—

Four patients, F. B., H. P., G. A. R., and J. J. died at Powick Mental Hospital in September 1921, as the result of poisoning by belladonna, which had been given them in mistake for cascara and glycerine. Five other patients who had been given similar draughts suffered from the symptoms of belladonna poisoning, but recovered under treatment, and one other, who also took a like draught, apparently suffered from no ill effects. This very serious and extraordinary occurrence was the subject of an investigation by the Committee, the Coroner held inquests concerning each death, and a Commissioner of the Board held an enquiry on the spot.

In this institution it has always been the practice for each medical officer to dispense all his own medicines, no dispenser being included on the staff, and the dispensing is usually done after the morning round of the wards.

It appears that, except for a short and uncertain period, a bottle marked "Glyc : Belladon" stood on the counter under the lowest shelf in the dispensary, with four others (all containing comparatively harmless drugs), one of which was a cascara bottle labelled "Ext : Casca c Glyc." During the above short.

period the bottle of belladonna was locked away in a cupboard and during that period a *locum tenens* medical officer was in residence and was accustomed to dispense from the cascara bottle. The *locum tenens* left, but subsequently rejoined the service temporarily, and unknown to him, during his absence, the belladonna bottle had been placed on the counter in fairly close proximity to the cascara bottle.

These facts appear to have been the indirect cause of the accident, as the *locum tenens*, being accustomed to the presence of the cascara bottle and having no knowledge of the belladonna bottle, dispensed from the latter in mistake for the former. The Jury found that the deaths were due to poisoning by belladonna owing to a mistake and by misfortune on the part of the *locum tenens*, and they added a rider suggesting that the dispensary required re-organisation. The Jury do not seem to have imputed any culpable negligence to that officer, but we feel that, despite the circumstances in his favour, his resignation, which he voluntarily tendered, was inevitable.

The Commissioner visiting found that the general arrangements in the surgery were not at all haphazard or without system; but that they were capable of improvement, and that the method of prescribing and recording the issue of drugs deserved further consideration.

These accidents, though happily rare in institutions for the insane, are unfortunately by no means unknown and we would take this opportunity of urging on Visiting Committees the advisability of appointing a fully qualified dispenser in all institutions of any large size. We would point out that Medical Officers have not been specially trained in the dispensing of drugs and that their time would be much more valuably spent in giving individual treatment to patients in the wards than in this somewhat irksome duty. This is more especially the case as their numbers are by no means excessive, and their time must be very fully occupied.

Death from scalding.

A. C., male, 43, suffering from general paralysis of the insane, died 21st August 1921 at the West Riding Mental Hospital, Wakefield. Injuries—extensive scalding of back, buttocks, shoulders and arms, smaller scald on left side of chest, caused by a patient throwing a bucket of water over him.

The circumstances of this patient's death were the subject of an enquiry by the Coroner, of an investigation by the Committee, and later, of an enquiry at the institution by a member of the Board.

They were as follows :—

The deceased patient was warded in the male Isolation Hospital, which accommodated 33 patients and was staffed by female nurses. The ward was visited regularly by the Chief

Male Attendant and Head Attendant, and also occasionally by the Matron and Head Nurse.

The occurrence took place between 4.15 and 4.45 p.m. on 16th August, but did not come to the knowledge of any officer till shortly before 10 a.m. on the following morning, when a medical officer was summoned to attend the patient.

It appears that whilst in the airing court on the afternoon of the 16th, the patient A. C. was noticed to have soiled his clothing, and nurse K. was instructed to take him indoors to wash him. Nurse K. stated that she took the patient into the lavatory and then called patient M. to undress A. C., whilst she went away for a few minutes on a message. When she returned she found the patient stripped in the yard (a small enclosed place opening from the ward and adjoining the above lavatory) and was told by patient M. that he had already washed A. C. The latter appeared to be dry and clean, showed no marks, and made no complaint, though, as it afterwards transpired, he had been cleansed by having a bucket of very hot water thrown over him before being wiped down. The injuries he then received, as enumerated above, led to toxæmia and inflammation of the internal organs, from which the patient died five days later. These, very briefly, were the facts, but they were only ascertained after prolonged and exhaustive enquiries, as the result of which two nurses were summarily dismissed for breach of the institution rules.

The investigation of this case showed grave disregard of the rules and regulations of the institution and presented many unsatisfactory features.

The following are the more important of the conclusions arrived at by the Commissioner who visited :—

- (1) The fatality was primarily due to Nurse K. absenting herself and leaving A. C. in the charge of another patient.
- (2) It is disquieting to think that the charge nurse seemed to have seen nothing amiss in a junior nurse undertaking the bathing of a patient without her (the charge's) knowledge and permission, and that she concealed her knowledge of that fact and of the further fact that the undressing and bathing had been done by patients.
- (3) Bathing, other than that done at the bedside, should not be done elsewhere than in a recognised bath room.
- (4) Access by patients to hot water taps should be carefully regulated.
- (5) He was not satisfied that the supervisory staff visiting the wards was numerically sufficient.
- (6) The two nurses were rightly dismissed.

It is satisfactory to know that the fatality was in no way due to the fact that female nurses were in charge of male patients, as it might equally have occurred had male attendants been in charge, but we would suggest that, where this method of

nursing is adopted, definite instructions should be given, that the assistance of a male attendant should always be available for all, including emergency, bathing, except that done at the bedside.

Death with fractured ribs.

E. F., female, 53, admitted to West Riding Mental Hospital, Wakefield, 8th November. Died 20th November 1921.

Injuries.—On admission, numerous bruises on limbs, trunk and face. At death fractures 2nd to 7th ribs right side and 3rd to 5th ribs left side.

History.—On 5th November the patient had to be restrained at home by being pressed down on the couch and the same day she was removed to the infirmary. On admission to the infirmary, she had bruises on arms and legs and abrasions on legs and back, and whilst there was said to be excited but not violent.

On 8th November she was admitted to the Mental Hospital and from that date to the time of her death she was described as being violent, excited, restless and constantly out of bed. On admission she was put to bed in the dormitory, but during the first night she was so restless and excited that she had to be moved into a single room. On the following day she was placed in a padded room, the floor of which was also padded, and there she remained until shortly before her death.

Owing to her restless and excited condition she was examined frequently by the Medical Officer, but on no occasion were the ribs discovered to be fractured though fractures were suspected. Satisfactory examination, no doubt, was extremely difficult.

The Coroner held a prolonged and exhaustive enquiry, calling evidence from those who were in charge of her at home, in the infirmary and at the mental hospital. Medical evidence showed that the fractures evinced thickening and signs of commencing repair and in the opinion of the doctor they were caused about two to three weeks before death.

The verdict was that the cause of death was exhaustion of mania and nephritis accelerated by the fractures of nine ribs, and further that the evidence was not sufficient to show how or when the fractures were sustained.

It is difficult to see that any other than such an inconclusive verdict could have been arrived at, though after reading all the evidence given and after considering the very careful and frequent examinations made by the mental hospital medical staff, difficult though they were, and the careful records of the case made by doctors and by the nurses in charge, one can only

come to the conclusion that the injuries were entirely due to the patient's own restlessness and violence and in all probability took place before her admission to the Mental Hospital.

Infectious Diseases.

Enteric Fever.—Ninety-one cases of enteric fever were notified to us as having occurred in these institutions during 1921. This figure, compared with those appearing in previous Reports, shows a still further decline in case incidence, thereby maintaining the improvement it has been possible to record during late years. The notifications of enteric received during 1918, 1919 and 1920 were 508, 240 and 159 respectively, as against the 91 cases that occurred during the year under review. Of the total number of cases notified (998) during the four years just mentioned, 116, or about 11·6 per cent., occurred in members of the staff, a figure that also shows some slight reduction during 1921; attendants or nurses were the sufferers in 10 of the 91 cases during that year, or just under 11 per cent. Sex incidence, taking patients and staff together, continues to show the marked prominence of female over male persons attacked by the disease, which has been noted from time to time in mental hospitals, but which does not obtain in the general population; the proportion of female sufferers during the four years 1918–21 being over 74 per cent., with 77 per cent. for 1921 alone. This disproportionate incidence is still more evident when staff alone is considered. During the four years in question 19 attendants and 97 nurses were attacked—under 17 and over 83 per cent. respectively—proportions that become 10 per cent. and 90 per cent. for 1921 alone.

Although there are undoubtedly some special conditions obtaining in collections of insane persons that do not apply to the general population, and that partly account for the abnormal incidence of enteric amongst females in mental hospitals, the causes that determine this great excess are by no means clear. Special enquiry and research in regard to this might lead to useful result. It seems obvious that, to decrease the general incidence still further, efforts should be directed towards the reduction of female incidence, to bring it so far as possible into accord with that found in the general population. The more thorough education of the staff, especially nurses, in those precautionary measures necessary to prevent infection is another indication for action. The marked disproportion between the number of nurses attacked as compared with the number of attendants, whose ward duties are practically the same, is disquieting and unsatisfactory.

An interesting enquiry was undertaken by us during August last into the prevalence of enteric at the Dorset County Mental

Hospital. Cases had occurred there with persistence over a number of years, obviously due to some permanent cause that seemed difficult to discover. It became clear, however, as the result of investigation, that the disease was accidentally introduced to the institution years before, and that certain defects that existed in the drainage system, and in the sewage disposal arrangements, were sufficient to explain its persistence. These imperfections had been realised to a large extent before the enquiry was held, and material progress towards remedy had already been made. The completion of the work in hand, and the adoption by the Committee of some further suggestions by us, resulted in a complete cessation of the trouble. This epidemic was the only one of great importance during the year. Long Grove followed with a smaller outbreak of 12 cases between March and June, Claybury with 10 cases occurring for the most part during the third quarter of the year, and Colney Hatch and Rubery Hill with 7 cases each. The remaining cases were spread over 28 mental hospitals and were sporadic in character.

Influenza.—Influenza did not give cause for anxiety during 1921. The number of cases notified was less than in any recent year, and the type of the disease was comparatively mild. This is shown by the fact that total deaths amongst patients numbered 34 only.

Other Infectious Diseases.—Apart from dysentery the year's record with regard to other infectious diseases has been good. A few cases of scarlet fever, diphtheria, and measles, have been notified; but these have been for the most part in the nature of accidental introductions, without resulting in anything approaching a serious outbreak. In the aggregate a rather larger number of cases of erysipelas than usual were reported during the last half of the year; but there was no sufficiently marked incidence in any one institution to indicate necessity for special enquiry. There were in all 10 deaths from this disease.

Dysentery and Diarrhœa.—From the returns furnished to us it appears that during 1921, in the 92 County and Borough Mental Hospitals open throughout the year, 1,305 patients were treated for dysentery and 744 for diarrhœa, an increase on the numbers in 1920 of 220, or 20·3 per cent., in the case of the former affection, and of 120 or 19·2 per cent. in the latter.

Of the dysenteric patients, 508 were males and 797 females. There recovered 1,031, died 238, whilst 36 remained under treatment at the close of the year. The case-mortality was 18·8 per cent.—males, 14·9; females, 21·2.

Of those who suffered from diarrhœa, 308 were males and 436 females. There recovered 651, died, 77; whilst 16 remained under treatment at the close of the year. The case-mortality was 10·6 per cent.—males, 12·2; females, 9·4.

Set out below are the monthly and quarterly incidence of all *attacks* occurring in 1921 :—

Monthly Incidence.

Dysentery.				Diarrhœa.	
January	-	-	78 or 6·2 per cent.	48 or 6·0 per cent.	
February	-	-	112 9·0	59 7·4	
March	-	-	106 8·5	44 5·5	
April	-	-	77 6·2	45 5·7	
May	-	-	65 5·2	47 5·9	
June	-	-	45 3·6	48 6·0	
July	-	-	61 4·9	133 16·7	
August	-	-	199 15·9	144 18·1	
September	-	-	193 15·4	55 6·9	
October	-	-	126 10·1	50 6·3	
November	-	-	93 7·4	56 7·0	
December	-	-	95 7·6	68 8·5	
<hr/>				<hr/>	<hr/>
1,250 100·0				797 100·0	
<hr/>				<hr/>	<hr/>

Quarterly Incidence.

			1st.	2nd.	3rd.	4th.
Dysentery	-	- { 1920	- 28·4	19·7	24·1	27·8
		- { 1921	- 23·7	15·0	36·2	25·1
Diarrhœa	-	- { 1920	- 36·4	16·1	22·2	25·3
		- { 1921	- 18·9	17·6	41·7	21·8

The returns show that no cases of dysentery were reported from 26 institutions, the largest being Lancaster, Wandsworth, and Brookwood, none of whom had any cases in the preceding year.

Of the 66 remaining institutions, in 31 the number of cases in each was less than 10, in 21 it ranged from 10 to 29, and in 14 it was 30 and upwards. The proportion per 1,000 of the daily average number resident was 13·8, as compared with 11·9 in 1920, and 37·1 in 1917. In the institutions where the cases numbered 30 and upwards, this ratio was 35·0 (31·9 in 1920); in those with 10–29 cases, it was 16·7 (13·7 in 1920); and in those with less than 10 cases, 4·3 (4·9 in 1920).

The recent year showed a considerable rise on the number of cases in the preceding year and is the first year since 1917 which has not shown a marked fall, the number of cases attacked in the successive years, from and including 1917, having been 3,659, 2,902, 1,722, 1,085 and 1,305. The increase in 1921 was most noticeable at the Whittingham, Bexley, East Sussex, Three Counties, Netherne, Wilts, West Ham, Salop, Dorset, Wells and Isle of Wight Mental Hospitals.

During the year 7 members of the institution staffs suffered from dysentery, as compared with 9 in 1920. They belonged to 6 institutions, and the proportion of attacks was very much lower than among the patients. In 86 institutions, where 1,050 attacks occurred, no member of the staff suffered.

It is here worthy of notice that although the deaths from dysentery in County and Borough Mental Hospitals comprised 2·0 per cent. of the deaths from all causes in 1920 and 2·3 per cent. in 1921, in neither year was there a single death from this cause in Registered Hospitals or Licensed Houses, nor were there any at Scalebor Park, a County Mental Hospital for private patients only.

Group A.—Institutions having 1,000 and more Inmates.—The number of such was 32, with 54,334 inmates. There were 669 cases of dysentery, or 12·3 per 1,000; and the case-mortality was 18·9 per cent.

Group B.—Institutions with 500 to 1,000 Inmates.—There were 44 in this category, having in all 34,372 inmates. Dysentery cases numbered 591, or 17·2 per 1,000; and the case-mortality was 18·8 per cent.

Group C.—Institutions with less than 500 Inmates.—Sixteen in number, with 5,614 inmates. The cases of dysentery numbered 45, or 8·0 per 1,000; and the case-mortality was 15·9 per cent.

		1921.				
		30 and more.	10 to 29.	Less than 10.	No Cases.	Total.
Group A.	No. of Mental Hospitals -	9	7	13	3	32
	Total Inmates -	17,776	13,117	18,567	4,874	54,334
	„ Cases -	472	137	60	—	669
	Proportion per 1,000 -	26·6	10·4	3·2	—	12·3
	Case-mortality per cent. -	17·8	17·3	31·0	—	18·9
Group B.	No. of Mental Hospitals -	5	12	14	13	44
	Total Inmates -	4,622	9,480	10,392	9,878	34,372
	„ Cases -	313	221	57	—	591
	Proportion per 1,000 -	67·7	23·3	5·5	—	17·2
	Case-mortality per cent. -	15·7	18·6	37·0	—	18·8
Group C.	No. of Mental Hospitals -	—	2	4	10	16
	Total Inmates -	—	798	1,624	3,192	5,614
	„ Cases -	—	32	13	—	45
	Proportion per 1,000 -	—	40·1	8·0	—	8·0
	Case-mortality per cent. -	—	16·1	15·4	—	15·9
All Groups.	No. of Mental Hospitals -	14	21	31	26	92
	Total Inmates -	22,398	23,395	30,583	17,944	94,320
	„ Cases -	785	390	130	—	1,305
	Proportion per 1,000 -	35·0	16·7	4·3	—	13·8
	Case-mortality per cent. -	17·0	18·0	32·0	—	18·8

The following memoranda respecting certain special points in regard to dysentery and diarrhoea are selected from the notes appended to the Annual Return made to us by the Medical Superintendents of Mental Hospitals.

Three Counties (Dr. Fuller).—Twenty-three male and 53 female patients were treated during the year. Fresh cases occurred in every month except January, July and December, there being an exacerbation of short duration in September. Female cases treated in the Isolation Hospital, male in the Infirmary Ward. The treatment consisted in small hourly doses of calomel for the first 24 hours from onset, followed by bismuth salicylate every 4 hours. "This method appeared to produce comparatively quick alleviation of the symptoms and to shorten the attack. Convalescence was earlier." There were only 2 deaths, both females.

Devon (Dr. Davis).—Only 8 cases of dysentery during the year, although in July and August there was an epidemic of diarrhoea (59 cases), but not confined to any particular ward.

Rainhill (Dr. Cowen).—At the beginning of the year 6 cases were under treatment for dysentery, all from the Male Infirmary Ward at the Annexe. This epidemic outbreak continued till the middle of March, by which time a further 9 cases had occurred, making in all a total of 15 cases from one ward. (In 4 of these cases the Shiga bacillus was isolated). A small epidemic also occurred in ward XI at the Annexe, commencing in the latter end of March. Seven cases developed the disease during this outbreak—4 of them were of the Shiga type of infection. Both these wards are on the ground floor, but No. XI has the larger of its two dormitories on the first floor.

All cases of dysentery, or of the suspected disease, are isolated forthwith in two special wards at the Annexe—one for males and one for females—where they are permanently segregated. If for any reason it is desirable to allow any patient again to mix with the general population of the institution, the stools are subjected to repeated laboratory examinations before transfer to another ward is permitted.

For the bacillary type of the disease small doses of chinisol are administered in frequently repeated doses as a routine practice. The amoebic variety is treated by hypodermic injections of emetine hydrochloride for a period of two weeks, followed by oral administration of bismuth emetine iodide.

Long Grove (Dr. Ogilvy).—Five males and 24 females attacked, 3 of the latter cases being fatal. "Most of the (female) cases occurred in the two wards for the worst type of acute refractory patients with foul habits, one of which is on the first floor, and the others arose in the Infirmary Ward on the ground floor for the worst and most faulty type of infirm patients."

Monmouth (Dr. Phillips).—"Those attacked were chiefly elderly and demented patients of faulty habits, and for the most part were inmates of two wards where dysentery cases have been treated for the past few years."

Salop (Dr. Hughes).—Thirty-nine male and 75 female attacks during the year, with 19 deaths. Fresh cases arising every month, but more numerous in the latter half of the year. The old and feeble were chiefly attacked, the greater number of cases occurring in the sick and infirm wards on the ground floor.

Stafford (Dr. Shaw).—Cases limited to 5 males attacked in September, when many flies were prevalent and the weather was unusually hot and dry. Extensive bacteriological examinations were made in order to detect (a) possible carriers; (b) whether flies were infecting agents; (c) whether organisms existed in the soil of certain airing courts, drains, etc. Certain of the results of this work are still being investigated.

The following facts can be stated:—

(1) An organism was isolated from the flies identical with that isolated from one of the patients who had a slight attack of diarrhoea.

(2) Three organisms were isolated from the soil of the airing courts identical with one isolated from a patient suffering from a form of clinical dysentery and in whose stool *B. Flexner* was not found.

(3) Numerous typical *B. Coli* were isolated from the soil of the airing courts.

(4) No protozoal organisms were detected.

(5) The senile patient affected had been in the institution for 22 years and had had a dysenteric attack 11 years previously.

Cheddleton (Dr. Menzies).—No cases in 1921 occurred among those segregated for a previous attack. The two male cases were in the infirmary and tuberculous block, respectively, origin unknown. Of the female cases, 1 in January, 1 in September, 2 in October and 1 in December occurred in the old women's ward, and were evidently successive infections by some undiscovered carrier. 5 female cases in September and 1 in October arose in the epileptic ward; those in September occurred together, and were evidently the result of a single massive infection. All cases during the year were confirmed bacteriologically.

The plans for the future are the administration of a polyvalent vaccine prepared from all the strains hitherto found here. This is now in course of manufacture. For diagnostic purposes an endeavour will be made whenever a case occurs in a ward to obtain the agglutination titres of all the residents in that ward within 48 hours. Cultivation of the bacteria present in the faeces of all persons in a ward where a case arose has been attempted twice, but has not thrown any light on the presence of carriers. The application of this method to large numbers of persons, in view of the uselessness of a negative result, is not commensurate with the labour and expense involved.

Netherne (Dr. Coombes).—In August an epidemic occurred when 1 male and 14 female patients were attacked; 8 of the latter being inmates of a ward containing mild chronic cases and some bedridden senile patients. All were isolated in single rooms in the same ward. The most successful line of treatment appeared to be an initial dose of castor oil followed by large doses of sodium and magnesium sulphate.

East Sussex (Dr. Taylor).—A severe epidemic of diarrhoea occurred in July, after a complete cessation of three months on both sides of the Hospital. The patients infected were not, in the majority of cases, people who had had a prior attack, though they chiefly occurred in the wards allotted to patients who had so previously suffered. During August and September it gradually quietened down, but in October a typical epidemic of bacillary dysentery occurred on the female side. This was confined to patients in the two nursing wards and D.2 to where old convalescent cases have been sent.

Patients on the female side suffering from dysentery and diarrhoea are segregated in A.1 with the tubercular cases, and when convalescent are

kept in D.2. On the male side they are, when ill, nursed in the general sick ward and, when convalescent, confined to J.2 and H.2. None of these patients is allowed to assist in any work which has to deal with the preparation of food or the washing of clothing.

The routine treatment of weekly aperients of magnesium sulphate is followed, and during the attacks the treatment with Hendry's solution is carried out. During convalescence beta-naphthol is given in addition to general treatment.

Wakefield (Dr. Shaw Bolton).—A sporadic male case occurred in ward 37 (tuberculosis isolation ward) in March, and the bacillus Flexner was isolated. One male case of doubtful duration who had died in March in ward 18 was found by post-mortem examination not to be suffering from dysentery. Of the remaining 5 cases, all occurred in the dysentery isolation ward 36, and in all the bacillus Flexner was isolated, in one of these in a previous attack in 1920.

Of the 10 female cases, sporadic examples occurred respectively in ward F.3 (admission) (in a case who died 8 days after admission and showed chronic lesions), in F.5 (chief sick ward), 2 in ward 30 (refractory), 1 in ward 31 (chronic), and 2 in ward 32 (sick). The remaining 3 cases occurred in dysentery isolation wards 21 and 22.

Of these 10 female cases, 6 were proved bacteriologically to be due to bacillus Flexner. In 2, bacillus Morgan 1, and in 1 bacillus proteus vulgaris were respectively found. In the tenth no pathogenic organisms were isolated.

Of the 2 male patients who died, 1 was found not to be a case of dysentery. He died from recurrent intestinal hæmorrhage of indefinite source. The bacillus Morgan 1 was found from bowel scrapings.

In the case of the other patient, no bacteriological examination was made, but the bacillus Flexner had been isolated during a previous attack in 1920.

Of the 7 females who died, 3 were definitely cases of dysentery by bacteriological examination. In the fourth of the cases, bacillus Morgan 1 was found; the lesions were those of chronic dysentery, and the patient had been in the institution 8 days only.

In the fifth bacillus proteus vulgaris was found, and the lesions consisted of scattered patches of thickening in the colon and several active ulcers in the ileum.

In the sixth no pathogenic organisms were found, though the intensely congested state of the intestine, large and small, rendered dysentery so certain that the case was certified as such. In the last there was no post-mortem examination.

Of the total cases, therefore, 1 male and 1 female might properly have been excluded.

In no case were lesions of dysentery found which had not been suspected or searched for during life.

Mortality.

The opening in September of the Second Hants County Mental Hospital at Park Prewett raised the number of public institutions for the insane in England and Wales, functioning in 1921, to 96—two others, viz., Oxford County and City and the

Ewell Colony, being occupied under the Ministry of Pensions by uncertified cases of mental illness.

These 96 institutions include the Lancashire County Mental Hospital at Winwick, and the West Riding Mental Hospital at Wadsley, which were partially or wholly re-opened during the year. On the other hand the London Manor Mental Hospital was depleted of its patients (most of whom were transferred to the Horton Mental Hospital), and at the close of the year became certified as an Institution under the Mental Deficiency Act. During 1921 these four institutions had an average resident number of patients amounting to 1,367, and 98 deaths, viz. :—

Wadsley	-	-	-	-1,002 patients.	74 deaths.
Winwick	-	-	-	157 „	13 „
Park Prewett	-	-	-	106 „	11 „
Manor	-	-	-	102 „	No „

The total number of patients daily resident in the 96 institutions during the year was 95,687—an increase on the total (94 institutions) for 1920 of 3,978. The males numbered 42,255, and the females 53,432, being an increase on 1920 of 1,808 and 2,170 respectively.

The *deaths* in 1921 amounted to 8,019, an increase of 50 on the *total returns* for 1920, which include 15 male and 9 female deaths in addition to the 89 institutions, whose death returns were analysed in our last report. The male deaths were 3,957 and the female, 4,062; the former being 80 below, and the latter 130 above, the figures for 1920.

The death rate per cent. of the average number resident was therefore 8.38; for males, 9.37; for females, 7.60. These rates are lower than those for 1920 by 0.36, 0.69 and 0.10 respectively.

Causes of Death.—The accompanying table has been prepared from the amplified returns, for which we are indebted to superintendents of mental hospitals, based on the International List of the Causes of Death adopted by the Registrar General. Table XXVII., Appendix A, of the 67th and 68th Reports of the Commissioners in Lunacy, and the 1st Report of the Board of Control, consisted of a collation of these returns, and it will continue to be compiled every year, although its publication in full has necessarily been suspended. The present table may be compared with those drawn up on similar lines, and published annually in these reports since 1915, but it differs from them in the omission of age groups, whilst the causes of death regarded as secondary have been added.

Causes of Death in the Cases of all the Patients who died during the year 1921. The daily number of Patients resident

during 1921 was :—Males, 42,255; Females, 53,432; Total, 95,687.

	Primary (Principal).			Secondary (Contributory).			Total Incidence.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Enteric Fever -	10	21	31	—	2	2	10	23	33
Diphtheria -	1	2	3	—	—	—	1	2	3
Influenza -	17	17	34	3	7	10	20	24	44
Dysentery -	54	129	183	20	34	54	74	163	237
Erysipelas -	2	8	10	—	—	—	2	8	10
Pellagra -	—	1	1	—	—	—	—	1	1
Phthisis (pulmonary tuberculosis).	503	647	1,150	51	43	94	554	690	1,244
Other tuberculous disease.	68	86	154	33	66	99	101	152	253
Cancer -	111	158	269	12	13	25	123	171	294
Diabetes -	15	11	26	2	6	8	17	17	34
Cerebral hæmorrhage (apoplexy).	91	108	199	36	23	59	127	131	258
Organic disease of brain (and softening of brain).	112	95	207	33	30	63	145	125	270
General paralysis of the insane.	907	201	1,108	17	2	19	924	203	1,127
Epilepsy -	153	145	298	29	24	53	182	169	351
Organic heart disease	327	485	812	180	249	429	507	734	1,241
Arterial sclerosis -	280	243	523	144	150	294	424	393	817
Bronchitis -	65	80	145	77	80	157	142	160	302
Pneumonia (all forms).	223	321	544	153	129	282	376	450	826
Enteritis -	15	16	31	11	23	34	26	39	65
Nephritis & Bright's disease.	168	268	436	73	127	200	241	395	636
Senility -	413	498	911	63	63	126	476	561	1,037
All other diseases -	388	503	891	327	449	776	715	952	1,667
Violent deaths (including suicide).	34	19	53	4	5	9	38	24	62
Total -	3,957	4,062	8,019	1,268	1,525	2,793	5,225	5,587	10,812

A comparison of this table with that published last year (7th Report, p. 26) will exhibit the variations in incidence of the several morbid conditions recorded. It may suffice here to note that whereas in 1920 the deaths ascribed to tuberculous disease amounted to 18·1 per cent. of the deaths from all causes, in 1921 they were 16·2 per cent.; this decrease being mainly due to a reduction in the extra-pulmonary forms, for the percentage of phthisis which was 14·6 in 1920, was 14·3 in 1921. Another marked fall in incidence is to be found in general paralysis, viz., from 15·0 per cent. in 1920 to 13·8 in 1921, a reduction which wholly obtained amongst males—the percentage rate for females being 4·9 in each year. On the other hand, the deaths stated to be primarily due to senility and to arterial sclerosis rose from 16·6 per cent. in the former to 17·9 in the latter year. There was also a rise in the proportion of deaths from cancer,

which was solely owing to the larger number of males dying from this disease.

Of the three deaths from diphtheria—a rare cause of death in mental hospitals—one (a male) occurred at the Wells Mental Hospital, and two (females) at the Netherne and York City Mental Hospital. The solitary death from pellagra was at Rainhill, where most of the recorded cases have occurred (see 7th Report, p. 67).

The general death rate of 83·8 per 1,000 is the lowest on record. Compared with 1920, the tuberculosis rate fell from 15·8 to 13·6, that of general paralysis from 13·2 to 11·6, and slighter falls in the rates for heart disease, epilepsy and pneumonia. The dysentery rate rose from 1·8 to 1·9 per 1,000, but this is only based on the disease regarded as a *primary* cause of the death—there being no small proportion in which it is returned as a secondary cause (*q.v.*). The fall in the tuberculosis rate is the more striking, when contrasted with the exceptionally high mortality from this cause recorded during and immediately after the war—and the rapid fall from a rate of 52 in 1918, and one of 31 in 1919.

High rates for dysentery occurred at the Salop Mental Hospital (16 per 1,000), East Sussex (15), Denbigh (10), and West Ham (9); and for tuberculosis at Carmarthen (38), Rainhill (33), Durham (30), Cotford (29), Middlesbrough (29), Hants-Knowle (27).

Amongst the less frequent causes of death, in addition to pellagra and diphtheria above noted, the following were reported during 1921. *Pernicious anæmia*, 23 cases—4 in males—reported from 17 institutions. *Cirrhosis of liver*, the occurrence of which is of interest in view of the share generally admitted to be taken by alcoholism in the etiology of insanity, was returned as a “primary” cause of death in 13 cases, and as a “secondary” cause in 3—these returns being made from 13 institutions. *Graves’ disease*, regarded as a primary cause in 7 instances and as secondary in 2, was noted in 8 institutions, one case being that of a male patient. The death of a female patient from *acromegaly* occurred at the Hull Mental Hospital. Four deaths from *lymphadenoma* and one from *leuchaemia* were registered at 5 institutions. Three fatal cases of *Raynaud’s disease* were returned from the Herts, Napsbury and Isle of Wight Mental Hospitals respectively. A fatal case of *chorea* occurred at the Durham Mental Hospital, and one of *Huntington’s chorea* at Severalls Mental Hospital. A male patient died from *cerebro-spinal sclerosis* at the Durham Mental Hospital. *Encephalitis lethargica* was recorded as a secondary cause of the death of a male patient at Colney Hatch Mental Hospital. At the same institution the death of a male patient from *leprosy* was reported.

Secondary Causes of Death.—It will be observed that the summary table on a previous page contains a column of assigned “secondary” or “contributory” causes of death. It appears on the full tables adopted by the Registrar-General, and is

intended to indicate, in conjunction with the primary causes, the total incidence of diseases which have had a share in the fatal issue. The number and character of these contributory causes cannot, however, be accepted as absolutely correct, owing to differing interpretations of the term "secondary," and the question whether or not it should include every morbid condition present in the body associated with that to which the death is primarily due. But on the whole, this list may be accepted as a fairly accurate index of the actual incidence of, at any rate, some of the more important disorders, which would fail to be recorded if only one cause of death had been selected.

The chief causes which *a priori* might be expected to be considered as complications or concomitants of the selected "primary" cause are dysentery, tuberculosis, cardiac disease, arterial sclerosis and senility. *Dysentery*, from which 183 deaths were returned as the "primary" cause, was actually present in 237 cases, these therefore representing the total incidence of deaths from this cause. The deaths occurred in 52 institutions; in 33 as primary (117 deaths), and in 19, where of 120 deaths there were 66 "primary" and 54 secondary. The addition of the "secondary" cases would raise the rate per 1,000 inmates from 1.9 to 2.5 for all mental hospitals. In certain institutions the increased dysenteric mortality based on the total incidence of deaths from this cause was very striking. For instance, at the Parkside Mental Hospital where 8 deaths were regarded as "primary," 15 as "secondary," the rate per 1,000 of males would be raised from 12 to 30, and of females from 3 to 13. In the Salop Mental Hospital the addition of 6 "secondary" to 13 "primary" deaths would raise the rate from 12.5 to 24 in the case of males, and from 18 to 22 in that of females. *Tuberculosis*—deaths from this cause were recorded in all but 3 of the 96 institutions. In six there was no male death and in three no female death. The disease as a secondary as well as a primary cause was reported at 58 mental hospitals. The rate per 1,000 reckoned on the total incidence would be 15.6, as compared with 13.6 for primary cases only—the number being increased by the addition of "secondary" cases from 1,304 to 1,497. As regards *cardiac disease*, the increase of instances from 812 to 1,241 would raise the mortality from this cause from 8.5 to 13.0. *Arterial sclerosis* with increase from 523 deaths to 817, would yield a rate of 8.5 instead of 5.5. The deaths ascribed to *senility* would be increased from 911 to 1,037, the rate rising from 9.5 to 10.8.

REGISTERED HOSPITALS.

These institutions, which are the same in number—13—as last year, continue to discharge valuable and important functions, and to afford to private patients of all classes suitable accommodation and skilled medical treatment.

The percentage of recoveries on the admissions amounted to 44·9 and that of deaths of patients to the average number resident to 6·9.

The following table gives the numbers dealt with during last year :—

Certified patients.

—				Males.	Females.	Total.
Number on 1st January 1921	-	-	-	918	1,376	2,294
Number admitted in 1921	-	-	-	277	441	718
				1,195	1,817	3,012
				M.	F.	Total.
Discharged in 1921—						
Recovered	-	-	-	92	167	259
Not recovered	-	-	-	120	262	382
Died in 1921	-	-	-	86	69	155
				298	498	796
Number on 1st January 1922	-	-	-	897	1,319	2,216

In addition to these patients, there had been admitted during the year 330 voluntary Boarders, and on the 1st January 1922, 165 remained in residence.

The foregoing figures show a decrease of 76 patients, and there was an increase of 6 Voluntary Boarders during the year.

In two instances death was due to suicidal acts, one in the case of a gentleman patient whilst out on trial, and the other in the case of a gentleman Voluntary Boarder, when away from the hospital. No special comment on either of these cases is necessary.

Barnwood House.—The general regulations of this hospital were amended so as to permit the appointment of women on the Board of Governors, a proposal with which we were in entire accord. We hope that this course may be followed by other hospitals who have no women on their Managing Committees.

STATE CRIMINAL ASYLUM, BROADMOOR.

From the report made by members of the Board who visited this Institution in September, 1921, it is evident that they were very well satisfied with the condition in which they found it and with the care and attention given to the patients.

The number of patients was 634—males, 479, females, 155. Two blocks on the male side, capable of giving accommodation to 150 patients, were vacant.

NAVAL AND MILITARY HOSPITALS.

Royal Naval Hospital, Yarmouth.—This hospital was visited by a member of the Board in the last quarter of 1921. He found everything in good order, the patients well cared for and the nursing of the sick all that could be desired.

The numbers on the books of the hospital were 180.

Royal Military Hospital, Netley.—D. Block of this hospital was visited by a member of the Board on 10th March 1921; the 50 patients in residence were found to be well cared for in every way. The electric light installation had been completed and the rooms were bright, cheerful and well kept. Although at the date of the visit the block was still only used as a reception and clearing house for mental cases, it was understood by the Visiting Commissioner that it was probable arrangements would be made so that any patient, who, in the opinion of the Medical Officer in charge had a chance of early recovery, could be retained for some time and so possibly avoid the necessity of certification. In such event, Netley might become a most valuable centre for treatment of incipient insanity.

The number of patients who had been admitted during the year ending December 1920 was 619.

LICENSED HOUSES.

During 1921 the number of these houses has been reduced by one owing to the lapse of the licence of Redlands, Tonbridge.

On 1st January 1922, there were 19 Metropolitan Houses licensed by us, and 38 Provincial Houses licensed by justices for the reception of patients under the Lunacy Acts.

The following table gives the total numbers, classification and distribution of patients detained in these houses on the 1st January 1922 :—

Certified Patients.

							Males.	Females.	Total.
Number on 1st January 1921—									
Metropolitan	-	-	-	-	-	-	415	833	1,248
Provincial	-	-	-	-	-	-	525	1,167	1,692
Number admitted during 1921—									
Metropolitan	-	-	-	-	-	-	257	431	688
Provincial	-	-	-	-	-	-	174	388	562
Metropolitan	-	-	-	-	-	-	672	1,264	1,936
Provincial	-	-	-	-	-	-	699	1,555	2,254

—————	M.	F.	Total.	Males.	Females.	Total.
Discharged during 1921—						
Recovered—						
Metropolitan - -	55	118	173			
Provincial - -	63	125	188			
Not recovered—						
Metropolitan - -	126	253	379			
Provincial - -	118	374	492			
Died during 1921—						
Metropolitan - -	55	112	167			
Provincial - -	55	80	135			
Metropolitan - -	-	-	-	236	483	719
Provincial - -	-	-	-	236	579	815
Number on 1st January, 1922—						
Metropolitan - -	-	-	-	436	781	1,217
Provincial - -	-	-	-	463	976	1,439

These figures show that there was a decrease of 31 in the total number of certified patients in the Metropolitan Houses and of 253 in the Provincial Houses.

In addition to the above patients there had been admitted during the year, 315 Voluntary Boarders (121 in Metropolitan and 194 in Provincial Houses), and, on the 1st January 1922, 42 remained in Metropolitan and 85 in Provincial Houses, showing an increase during the year of 14 in each class of House.

Eleven deaths from suicide of patients in these houses occurred during the year, but of these the suicidal act in three instances occurred before admission; in three cases whilst the patients were on leave of absence, in another after escape, and in the remaining four instances on the premises of the licensees. None of them call for any special mention.

Changes have occurred in the licensees of some of the houses, and a list of the Metropolitan and Provincial Houses with their present licensees appears at p. 129 of this report.

Moat House, Tamworth.

The death occurred on 27th June 1921 of Mr. Edward Hollins, the proprietor and one of the licensees of this house. His name was first included in the licence in 1882, and after the death of Dr. J. F. Woody in 1895 he carried on the establishment as sole licensee for many years, to our entire satisfaction.

Newlands House, Tooting Bec.

The licence of this house was varied so that female patients to the number of 12, and of the quiet and harmless class, might be received.

Redlands, Tonbridge.

The sole licensee of this house, Dr. W. A. Harmer, died on 21st March 1921. He had been connected with the management of the house for 27 years, which had been conducted to the entire satisfaction of the Board. On his death the licence was transferred to Dr. J. N. Sergeant, Mrs. Sergeant, Mrs. Margetts, Mrs. Reeve and Mrs. Webb, the last-named being the resident licensee. We, however, received notice from the Clerk of the Peace for Kent that the licence had not been renewed, and had expired on the 20th November 1921. This house had been licensed since 1892, when the licence previously granted in respect of North Grove House, Hawkhurst, which was destroyed by fire in December 1890, was transferred to it.

Springfield House, Bedford.

Mr. William Scott Bower, who had been one of the resident licensees of this house for over 20 years, died on 11th March 1921.

VOLUNTARY BOARDERS IN REGISTERED HOSPITALS AND LICENSED HOUSES.

Certain complaints having come to our notice as to the admission of these persons into these Institutions, we caused the following circular letter to be sent :—

THE BOARD OF CONTROL,
66, Victoria Street, S.W.1.
7th February, 1921.

SIR,

THE attention of the Board of Control has, on more than one occasion, been called to complaints by persons who have been received into Hospitals and Licensed Houses as "Voluntary Boarders" as to the inadequate information which has been given to them concerning their future or present position both before and after admission.

The complaints have special reference to the methods, sometimes amounting to actual misrepresentation adopted by the patient's friends and medical advisers in persuading them to enter the institution; to the fact that they are left in ignorance of the kind of institution to which they are going, *i.e.*, a Hospital or House for mental treatment; and that, after admission, they are not fully informed of their legal position or that they have the right to leave the institution on giving due notice to the Superintendent.

Another complaint made by Boarders, who fully understand their legal position, is that, though they have entered the institution on the understanding that they can leave after giving notice of their intention to do so, when such notice is given they are placed under certificates and thus prevented from leaving.

There appears to be some foundation for these complaints and, as the Board are most anxious that nothing should arise, or be allowed to continue, which would, in any way, interfere with or bring discredit on the very valuable provision by which treatment of mental cases can be carried on in Hospitals and Licensed Houses on a voluntary basis, they have decided to lay their views before the Superintendents.

1. With regard to the methods adopted by patients' friends and medical advisers and to the lack of information given to patients before

admission, the Board would suggest that, if Superintendents would, *before* the admission of every Boarder, enquire whether the patient is aware of the kind of institution to which he is going, much of the ground for complaint would cease. Should, however, it come to the knowledge of Superintendents, after the patient's admission, that, notwithstanding this, a patient has been induced to enter the institution on anything approaching misrepresentation, the Board hope that they will, at once, point out to the friends the wrongfulness of their action, or, if they feel unable to do so, will inform the Board of all the circumstances so that they, if they think fit, may take the matter up themselves.

2. With regard to the question of giving full information to Boarders *after* admission, the Board would suggest that a printed notice setting out the main facts should be handed to each Boarder on his arrival and that someone in authority should satisfy himself that the notice is read and understood. A suggested form of notice is enclosed.

3. The remaining matter—the question of certification—is a most difficult one, but the Board believe that, if the practice were adopted of never placing Boarders under certificates while in residence, unless such a course was absolutely necessary for the immediate safety of the patient or for the protection of the public, patients, after certification would no longer have the feeling that they have been unjustly treated.

The Board are convinced that Superintendents will agree, in the main, with the views expressed above, and feel assured that they will be only too glad to assist in every possible way in the endeavour to do away with any real or supposed ground for complaint.

I am requested to ask you to be good enough to favour the Board with your views with regard to the suggested remedies and especially as to the practicability of giving effect to that mentioned in No. 3.

I am, Sir,

Your obedient Servant,
O. E. DICKINSON,
Secretary.

To the Medical Superintendents of all Registered Hospitals, and
To the Resident Licensees of all Licensed Houses.

NOTICE.

_____Hospital or House.
.....Date.

VOLUNTARY BOARDERS.

A Voluntary Boarder is a patient who is admitted for treatment at his own request, and it is hoped, therefore, that you will give the doctor your full confidence in order that you may receive the best possible treatment for your illness.

You may leave the hospital (or house) at any time after giving to the Superintendent 24 hours' notice in writing of your intention to do so, but it must be understood that whilst in the hospital (or house) you undertake to conform to the various rules and regulations for the proper conduct of the hospital (or house).

Should any cause for complaint arise, you should bring the matter to the attention of the Superintendent.

I have read this notice and agree to abide by the rules and regulations.

.....Signature.
.....Date.

As the result of the issue of the above circular letter, we received answers from the Medical Superintendents of Hospitals and Licensed Houses and learnt that, with few exceptions, they were in agreement with the views expressed, and that they were willing and anxious to carry out our wishes.

The question of certification of Boarders was generally thought to be one of great difficulty, but the other suggestions were almost unanimously agreed to, though several Superintendents preferred the Form to be signed by the Boarder *before* instead of *after* admission.

We are gratified with the way our circular has been received, and feel its object has to a great extent been obtained. We consider it would be impossible in any case to lay down hard and fast rules about any of the suggestions, but we hope and feel assured that Superintendents will do all in their power to carry out the spirit, if not the letter, of the circular.

SINGLE PATIENTS.

The following table shows the changes that have taken place during the past year among the patients residing in Single Care as persons of unsound mind under the provisions of the Lunacy Acts, but exclusive of those who have been found lunatic by inquisition :—

Single Patient Statistics, 1921.

				Males.	Females.	Total.
Number on 1st January 1921 - - -				131	320	451
Number of direct admissions in 1921 - -				7	24	31
Number admitted on transfer in 1921 - -				41	93	134
				179	437	616
				M.	F.	Total.
Discharged in 1921—						
Recovered - - -				11	33	44
Transferred to other care				32	81	113
Died in 1921 - - -				7	13	20
				50	127	177
Number on 1st January 1922 - - -				129	310	439

The above figures show a decrease of 12 single patients in residence at the end of last year, as compared with the corresponding figures of the previous year.

The number of admissions into single care during the past year, viz., 165, is a decrease of 27 over the number admitted in

1920, and the discharges or removals were 157, as compared with 187 in that year.

These patients have been visited by a Commissioner once at least during the year, and where it has been considered desirable a second visit has been paid.

The conditions and surroundings in which we found these patients, who are generally quiet and orderly, and frequently of a chronic type, have been with little exception suitable and good. In one case, where the patient was in charge of her parents, the conditions were found to be unsatisfactory, and although opportunities were given for their amelioration, steps had to be taken for the patient's removal to the County Mental Hospital. The patient was discharged under the provisions of section 72 of the Lunacy Act, 1890, and we called the attention of the Relieving Officer to the case with a view to steps being taken under the provisions of section 13 of the above mentioned Act. The necessary order was subsequently obtained for the patient's reception in the County Mental Hospital.

No casualties or incidents calling for special remark have occurred among these patients during the period under review.

PROSECUTIONS.

The following prosecutions, undertaken on our order, were successful :—

R. v. Graeme Gibson.—Mrs. F. Graeme Gibson, of Ashley Park, Walton-on-Thames, appeared before the Kingston County Bench on 22nd March 1921, in answer to a charge preferred against her under section 316 of the Lunacy Act, 1890, in that she had omitted to send to the Board of Control certain documents as prescribed by the above section and rule 8 (3) and (7) of the Commissioners' rules. She was convicted and a fine of £20 (to include £10 for costs) was imposed.

R. v. Bowyer Miller.—Mrs. Miller was on 6th April 1921 prosecuted for alleged offences under the Mental Deficiency Act, 1913, before the Justices sitting at Formby :—

(a) For undertaking the control of more than one person who was a defective or who was placed under her care as being a defective elsewhere than in an institution, certified house or an approved home, contrary to the provisions of section 51 (1); and

(b) For failing to give the prescribed notices of the reception of two defectives under section 51 (2).

She was convicted and fined £5 in respect of the first offence and 50s. in respect of each case under section 51 (2).

R. v. Geoffrey John Richardson and George Thomas Rudd.—The defendants, attendants at the Netherne Mental Hospital, Coulsdon, Surrey, were on the 14th May 1921, convicted by the

SUMMARY OF MENTALLY DEFECTIVE PATIENTS on 1st January 1922.

(Registered by the Board of Control.)

Where maintained.	Received under the Mental Deficiency Act, 1913.												Received outside the Mental Deficiency Act, 1913.						Total of all Mental Defectives.					
	Under Orders (secs. 5-9).						Not under Orders (sec. 3).															Total.		
	Non-criminal.			Criminal.			M.			F.												M.		
	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		T.		
In State Institutions -	18	58		158	87		—	4		176	149	325	—	—	—	176	149	325	—	—	—	—		
In Certified Institutions -	1,505	2,488		377	189		1,266	749		3,148	3,426	6,574	827	1,112	1,939	3,975	4,538	8,513	—	—	—	—		
In Certified (sec. 37) Institutions.	1,437	1,997		222	72		145	179		1,804	2,248	4,052	—	—	—	1,804	2,248	4,052	—	—	—	—		
In Certified Houses -	—	1		—	—		108	80		108	81	189	4	25	29	112	106	218	—	—	—	—		
In Approved Homes -	—	—		—	—		—	—		—	—	—	115	171	286	115	171	286	—	—	—	—		
Under Guardianship or Notified	103	199		—	—		15	9		118	208	326	26*	64*	90*	144	272	416	—	—	—	—		
Total -	3,063	4,743		757	348		1,534	1,021		5,354	6,112	11,466	972	1,372	2,344	6,326	7,484	13,810	—	—	—	—		

* Notified cases (sec. 51).

Reigate County Justices of having illtreated a patient by striking him on February 28th and were fined 40s. each.

The matter had been carefully investigated by the Visiting Committee, and the attendants, who had admitted striking the patient, but had pleaded provocation in extenuation of their conduct, were summarily dismissed on 10th March.

The following prosecution undertaken at the instance of the Mental Hospital Visiting Committee was successful :—

R. v. Frank Halford.—The defendant, an attendant at the Netherne Mental Hospital, Coulsdon, Surrey, was on 13th August 1921, convicted before the Justices sitting at Reigate of striking a patient and was fined £2 or in default 14 days.

The defendant, who had 22 years' Asylum service, had been summarily dismissed from his employment.

Another successful prosecution was at the instance of the Metropolitan Asylums Board :—

R. v. Sidney Thomas.—The defendant was charged before the Justices sitting at Dartford on 11th January 1921 with assisting three patients to escape from Darenth Training Colony on 25th December 1920 contrary to the provisions of section 53 of the Mental Deficiency Act, 1913.

The defendant was convicted and fined £10, the Chairman remarking they did not wish to send him to prison in view of his previous good conduct.

Mental Deficiency.

The summary of mentally defective patients under care, appearing on the preceding page, shows that on the 1st January 1922 they numbered 13,810 (males, 6,326; females, 7,484).

Compared with the same date a year previously, there was an increase of 49 in State Institutions, of 1,092 in Certified Institutions, of 618 in Poor Law Institutions (approved under Section 37), of 30 in Approved Homes, and of 65 under Guardianship, while there was a decrease of 70 in Certified Houses, making a net increase of 1,784 patients under care.

As regards the patients in the various branches of the Metropolitan Asylums Board Certified Institution, the figures include only those who are dealt with under the Mental Deficiency Act.

During the year under review the financial position of the country has greatly retarded the development of work under the Mental Deficiency Act. Acting upon Government instructions, we issued a circular in April 1921, addressed to County and County Borough Councils, informing them that the programme for the year 1921–22 must be “restricted to the execution of commitments already made and which cannot be postponed and to the utilisation of accommodation already available.” It was further pointed out that only those cases

which the Local Authority regarded as urgent should be dealt with; but it was expressly stated that "the important but comparatively inexpensive duties of Ascertainment and Supervision, as well as the duty of providing Guardianship for suitable cases, may continue to be fully carried out." On 9th August 1921 we had to address a further communication to Local Authorities calling attention to the imperative need of effecting large reductions in public expenditure. It was intimated that the numbers of fresh cases sent to Institutions should be reduced to the absolute minimum, and that no fresh case should be dealt with unless the Local Authority were satisfied that it was "urgent" as defined in our circular of 9th August 1921. In view of these two circulars the provision of further Institution Accommodation for the mentally defective became impossible, and only a small proportion of urgent cases could be dealt with.

We are glad to be able to say, at the date of writing, that the Committee on National Expenditure (known as the Geddes Committee) in their Report speak of the work carried on by our Board as "an activity" which the Committee "regard as essential to the physical and moral health of the nation," and they refrained from suggesting any reduction in the Vote. We are left therefore in a somewhat more hopeful position as far, at any rate, as provision for urgent cases is concerned. Although there is at present no possibility of asking Local Authorities to provide further accommodation, we have been able to inform them that it is hoped that the Exchequer provision for 1922-23 will enable them to deal with all new "urgent" cases which may arise.

We desire to point out that it is most important that Local Authorities should pay great attention to the work of Ascertainment, and should make full use of their powers of statutory supervision. As we have shown in our last two Annual Reports, there is still very much to be done in these directions. A few Local Authorities have carried out these duties admirably; others have done so to a limited extent, while some have given no indication of having taken any steps whatever in this direction. Wherever Ascertainment has been thoroughly carried out, urgent cases have been revealed. Such cases can now be dealt with. In less urgent cases much good can be effected by placing them under statutory supervision, which has been found in many instances to afford just sufficient help and care to prevent the defective from getting into irretrievable trouble or becoming degraded. It is hoped, therefore, that Local Authorities will make their Ascertainment and Supervision thorough and adequate.

Voluntary Associations.—The work of the Central Association for the Mentally Defective and of the 45 branch associations now in existence throughout England continue amply to justify the money grants made to them by the Board. Formed in 1914 with the object of co-ordinating all bodies concerned with the

problem of mental deficiency, Voluntary Associations continue to supplement statutory activities, and, in many cases, to undertake certain statutory duties for Local Authorities. By providing supervision for cases for whom institutional care is not available or not desirable, and after-care for cases discharged from institutions, work is being carried on of incalculable value to the community. In spite of adverse financial conditions, the Central Association continues to show resourceful enterprise and vigour. During the past year it was felt that expansion and development along urgent lines was being hindered by its name, and, in order to deal more efficiently with cases of mental instability, incipient cases of insanity and after-care, etc., the name was changed to The Central Association for Mental Welfare. Seven of the branch Voluntary Associations have followed the lead of the Central Association and are extending their work in this direction. Occupation Centres have been established with useful and beneficial results in 17 urban areas and small towns, in which simple training and occupations are provided for defectives for whom no other form of education is available.

The extent of the case-work of the Voluntary Associations is shown by the number of cases, amounting to 24,166, which have passed through their hands since their formation in 1914.

After Care.—We have had under consideration the fact that there are a considerable number of discharges always taking place from certified Institutions, and we are much concerned as to the future welfare of the patients discharged. These discharges do not, as a rule, take place because the patient has improved mentally or is considered capable of independence and self-support. On the contrary, many of these patients belong to the idiot and imbecile classes who can never become self-standing and independent citizens. Others are feeble-minded and may have improved under training, but they are unable to compete on equal terms with normal people and can only work under favourable circumstances and proper supervision.

It is evident, therefore, that most of them will still need help and care, and for this reason we have adopted the general policy of allowing leave of absence for some months before consenting to discharge. At the end of this period, if a satisfactory report on the case is received, we may consent to discharge, on the understanding that the patient will be kept under supervision or friendly observation by the Local Authority either through their enquiry officer or by the Local Voluntary Association for defectives. It is felt that friendly assistance and advice will often prevent defectives from having to return to an Institution, and also that the wisdom of discharges can only be tested by following up the cases and accumulating statistics with regard to their after-careers. With this in view, we intend to ask Local Authorities to provide us from time to

time with brief particulars as to the condition and circumstances of discharged mental defectives.

Defective delinquents.—We notice with satisfaction the increased attention that is being paid to the defective delinquent. The late Dr. Goring, in his book “The English Convict—A Statistical Study,” has proved to demonstration that large numbers of the persons detained, both in convict and local prisons, are mentally defective, and further that the principal determinant in crime is mental deficiency. Judges and magistrates are increasingly alive to the important part that mental defect plays in the cases that are brought before them, and to the futility of treating as criminals persons who are not really responsible for their actions.

In some centres, notably in Birmingham, arrangements have been made to ensure expert medical examination of offenders brought before the local courts. We should be glad to see a very considerable extension of this system, as it is manifestly improper that defectives should be treated as criminals; short periods of imprisonment for these irresponsible people are absolutely useless and only tend to increase the numbers of “habitual criminals” who are the despair of the Prison Authorities.

Sir E. Ruggles Brise, in his recently published book on “The English Prison System,” fully recognises the importance of the Mental Deficiency Act in promoting the rational and scientific treatment of the criminal problem, but he realises the strict requirement of the Act that the defect must have existed from birth or from an early age, which excludes from the operation of the Act a large number of prisoners regarded as mentally defective owing to the fact that the mental defect from which they were suffering arose from causes operating later in life.

There can, however, be little doubt that when the time arrives that every local authority has its special school under the Elementary Education (Defective and Epileptic Children) Acts, 1899 and 1914, as well as its Certified Institution under the Mental Deficiency Act, and when the Education and Mental Deficiency Committees are properly functioning, the numbers of defectives who find their way to prison will be very considerably diminished. What is now required is the closest co-operation between the Medical Officers who in their various capacities have to deal with the problems connected with the mentally defective.

Place of residence for purposes of Sections 43 and 44 of the Mental Deficiency Act, 1913.

Section 43 enacts that “where a defective is ordered to be sent to a Certified Institution or to be placed under guardianship, the Local Authority responsible for providing accommodation for that person or making provision for his guardianship, as the case may be, shall be the Council of the County or County Borough in which he resided (to be specified in the order).” Section 44 (4) of the Act provides that in case of doubt as to

where a person resides, the expression "place of residence" in this section shall be construed as the County or County Borough (as the case may be) in which the person would, if he were a pauper, be deemed to have acquired a settlement.

These sections have recently been the subject of judicial interpretation in the case of *Berkshire County Council v. Reading Borough Council* (1921, 2 K.B. 787).

The facts of this case were shortly as follows:—

The defective, D. H., was the illegitimate daughter of M. H., a single woman, who was in service within the area of the London County Council and who went to Reading to be confined of the said D. H., and returned to London after her confinement. D. H. was born on 18th April 1889, at Reading, and resided there continuously from her birth until November 1907 with a woman, to whom M. H. paid 5s. a week for her maintenance. In 1907 M. H. applied to the National Association for the Welfare of the Feeble-minded, and on 12th November 1907 that Association, with the consent of M. H., placed D. H. at Cumnor Rise, Cumnor Hill, Berks. M. H. paid to the Association 6s. per week for the maintenance of D. H. until September 1914, after which the payment became irregular and ceased altogether in 1917.

After the passing of the Mental Deficiency Act, 1913, Cumnor Rise became a Certified Institution within the Act.

On 30th June 1920 a judicial authority, on petition, ordered D. H. to be detained at Cumnor Rise as a defective, and determined that Reading Borough Council were the Local Authority responsible for providing for her accommodation as being the Council of the County Borough where she resided. This Order was reversed by a Court of Summary Jurisdiction, who determined that the Berkshire County Council was the Local Authority liable. The justices stated a case for the consideration of the court, the Berkshire County Council being the appellants and the Reading Borough Council the respondents.

The Divisional Court (Darling, Avory and Salter, J.J.), in dismissing the appeal, decided that "reside" and "place of residence" means physical residence, that is, where the person in question eats, drinks and sleeps; that, unless and until a doubt arises as to such residence, no question of Poor Law settlement has to be considered; that a person living in a certified institution "resides" there within the meaning of these sections, and (per Salter, J.) that in determining the residence of mentally defective persons for the purposes of the Act either volition is not essential to "residing" or mentally defective persons are capable of such volition as is essential.

The importance of this case is that it decides that, for the purposes of these sections, the mere residence of a defective within the area of a Local Authority is sufficient to make that authority liable for the maintenance, although such residence was against the will of the defective and would not operate to confer a Poor Law settlement.

Defectives, both children and adults, are frequently sent for care and treatment to Institutions or Charitable Homes at a distance from their own homes at the instance of their parent or relatives, or by Guardians of the Poor or other public authorities. Such defectives often live in their new surroundings for years, and undoubtedly acquire a separate "place of residence." When such defectives come to be dealt with under the Mental Deficiency Act, the necessary steps have to be taken by the Local Authority of the area in which they have become resident. The same position arises when defectives already detained in Certified Institutions under Orders have to be re-certified. The Local Authority in which the Institution is situate, and upon which the burden falls, not unnaturally feels that the cost of maintenance should be paid and the steps necessary for the care and control of any defective under the Act should be taken by the Local Authority of the place where he had his real home. This is especially the case in districts where Institutions or Homes have been provided by philanthropic agencies to house large numbers of defectives. The decision in the Berkshire case has accentuated the widely-felt dissatisfaction, and the following Resolution has been passed by numerous Local Authorities as well as by the County Councils' Association :—

"That, in view of the decision of the Divisional Court in the case of *Berks County Council v. Reading County Borough*, it is desirable that the Mental Deficiency Act, 1913, should be amended in order that 'residence' may be defined and the chargeability of a Local Authority for mental defectives be based on 'residence' for a fixed period—say, one year—within the area of a Local Authority or on Poor Law settlement, and that no period of residence in an Institution certified under the Mental Deficiency Act, 1913, for the reception of mental defectives shall be deemed to be 'residence' within the meaning of the Act."

A question on the subject was recently put to the Minister of Health in the House of Commons, who replied that the matter would be considered when opportunity occurred for amending the Mental Deficiency Act.

We are fully in sympathy with the views of the Local Authorities as to the necessity for amending the Act on these points.

Administration of Grants.—In pursuance of the duty imposed on the Board, the following grants were made in the financial years ending 31st March 1921 and 1922 respectively :—

	Year ending 31st March,			
	1921.		1922.	
1. <i>Grants to Local Authorities</i> (section 47).	—		—	
Number of Local Authorities who received grants - -	120		123	
Total amounts paid on behalf of defectives - - -	£	s. d.	£	s. d.
	199,857	0	143,486	16 10

2. Contributions towards Expenses of Societies (section 48) :—	Year ending 31st March,					
	1921.			1922.		
Number of Societies who received grants - - -	31			35		
	£	s.	d.	£	s.	d.
Total amounts paid - -	6,800	0	0	6,623	11	8

3. Grants for Research
(section 41(p)) :—

Amounts paid :—	£	s.	d.
Dr. D. Orr - - -	150	0	0
Sir F. W. Mott, M.D. - -	400	0	0
Dr. G. A. Watson - -	150	0	0
Miss L. G. Fildes, M.A. -	300	0	0
Dr. J. F. E. Prideaux - -	300	0	0
Cardiff Borough Mental Hospital - - - -	400	0	0
	<hr/> £1,700 0 0 <hr/>		

The general responsibility for the control of research into mental diseases, hitherto exercised by the Board, having been transferred to the Medical Research Council, no grants are shown as having been made by us for the year ending 31st March 1922.

STATE INSTITUTIONS.

Our last annual Report set forth the position in regard to these institutions as at the end of 1920.

The Institution at Farmfield, for women only, was in full occupation, and at Rampton, capable of accommodating 80 females and 220 men, there were 45 of the former and 138 of the latter sex.

Authority had been obtained for the erection, at Rampton, of a new female block and a small addition to the existing block, for 68 patients in all. We had in contemplation the construction of two new blocks, one for males, the other for women, and each capable of housing 100 patients, the erection of a nurses' home for 60 nurses, of 6 cottages for married members of the staff, of 8 single rooms for the treatment in case of necessity of very noisy and turbulent patients, and of additions and improvements to the staff recreation rooms. As, however, was foreshadowed in the previous report, a considerable part of this scheme had to be abandoned, in deference to the urgency for public economy, and authority was reluctantly only sought and obtained for such work as was considered to be absolutely essential, viz., a nurses' block for 20 nurses, 6 staff cottages, the

single rooms for noisy and turbulent cases, and the improvement of staff recreation rooms.

The new female block, as well as the other work, is nearing completion, and it is hoped that early in 1922 the premises will be handed over and occupied.

The question of closing Farmfield gave rise to serious thought. We were averse from restricting the admission of patients into a State Institution by narrowing the definition of the words "violent or dangerous propensities" in such a way as might necessitate the detention in prisons of persons who could be more appropriately dealt with under our care, and were also anxious to assist Local Authorities in the treatment of defectives who, from their habits and general conduct, would be dangerous to the discipline and proper conduct of an ordinary certified institution, but we had at the same time to realise the financial difficulties.

After due consideration, we thought that Farmfield should be closed (subject to negotiations with the London County Council, the lessors of the premises) by the Spring of 1922, and to this view the Minister of Health and the Treasury gave their approval.

Arrangements have been carried out on those lines, and all patients under the care of the Board are now accommodated at Rampton.

There is ample space at Rampton for the extension of accommodation when necessity arises (as it undoubtedly will) and when the financial position permits of the Act being brought into more complete operation.

It is more especially under sub-clause (*d*) of clause 1 of the Act, which purports to define "moral imbecile" that the Board as the general discharging authority, and in regard to State institutions the detaining authority also, are faced with cases so difficult of decision.

A "moral imbecile" according to the definition is "a person who, from an early age, displays some permanent mental defect, coupled with strong vicious or criminal propensities on which punishment has had little or no deterrent effect."

Many of those sent to ordinary certified institutions and to a State institution, if of "violent or dangerous propensities" (the only cases, be it noted, who are eligible for admission to a State institution), are described as "moral imbeciles."

The term "moral imbecile," apart from the limited meaning attached to the words in the statute, is capable of being applied and used in a loose and very general sense.

Persons who, having some mental defect and who, in consequence of such a disability, lead immoral and anti-social lives, are not infrequently described as "moral imbeciles." But "moral imbecile" under the statutory limitations in strictness should only be applied to those who from an early age display

some permanent mental defect coupled with strong vicious or criminal propensities on which punishment has had little or no effect, and to this we would draw the attention of those who are called in to give medical certificates for the purposes of the Act.

The serious difficulties arise when we have to deal with specific cases of men or women (and we speak now especially of those in State Institutions) who, after a considerable period of close observation, apparently exhibit little or no sign of intellectual defect. On the other hand their lives and conduct from early age have been anti-social, they have exhibited strong vicious and criminal propensities and though they have been frequently convicted and punished, punishment has (apparently) had little or no effect.

The sympathetic, possibly the natural, inclination in these cases is to draw the inference that persons whose lives are so persistently delinquent must be the subjects of a permanent mental defect and that they should be treated under the Act as "moral imbeciles."

Some, who by their training, study and experience are eminently entitled to form and express an opinion, will advise in accordance with the trend of thought set out in the preceding paragraph, whilst others of no less eminence and experience will express the opinion that the individual under consideration has wisdom and judgment, is perfectly capable of coming to a rational decision as to his actions, and that the course his life has taken is due to no mental defect, but is the result of an election duly made after a consideration of the risks and possible advantages.


That those persons should be under detention is probably true, but whether they should be detained under the Mental Deficiency Act is the only question open to us, and such a problem is not an infrequent one.

The meetings in conference and interchange of views between the Board's Medical Superintendent at Rampton, Dr. Rees Thomas, the Medical Officers of Prisons and others, with a view to arrive at "some settled course of action consistent with the views of modern experts" have proved of much value and assistance and it is hoped that such conferences will take place periodically. There are, however, instances (and they will, no doubt, recur) where patients discharged on the grounds that they are criminals and not "moral imbeciles" have on discharge, and reversion to their old habits, been again sent by a court to the State Institution and as "moral imbeciles."

The foregoing show some, but by no means all, of our difficulties.

The longer is our experience the more are we impressed with the fact that we are dealing with individuals so varying in temperaments, characteristics and mentality, one day or possibly

for days bright, cheerful and willing, then dull, lethargic and depressed, at one time amenable to mild discipline and kindness. but in a moment abusive, noisy and turbulent, that the hopes of to-day are succeeded by the despondency of to-morrow. It is, it may be noted, a matter for comment, that these rapid variations are more marked amongst the females than the males and, that whereas persistent shouting, noise and turbulence, with the expressed intent of "playing up" and making themselves a nuisance to their ward, are a feature of the women's side, such incidents are uncommon and almost absent in the male block. The women exhibit symptoms of vanity, abnormal affections, jealousy and a desire to attract attention, even to the extent (without suicidal intent) of attempting to injure themselves; the men on the other hand, and in this respect differing from the insane and more akin to the criminal, are prone to combine for purposes, amongst others, of escape. To combat all this, occupations, industries, games and amusements are, of course, the mainstay of the institution and are encouraged to the utmost. They help to keep our patients not only in health, but to prevent them dwelling on a retrospect of their past, and what may appear to them the hopeless outlook for their future, and in fact tend to break down the monotony of institutional life. Industries are carried out under skilled instructors, and it appears to us that, in order to obtain the full beneficial effect from games, they too should be organised under some one versed in the rules, keen to encourage and with a talent for stimulating the energies and emulation of the players. A football to kick or throw about, though well enough to get up the circulation for a while on a cold day, is useless as part of a treatment which should have for its object, the drawing out and stirring into life of such normal functions and activities as are present, though it may be in a dormant and latent state. The question of providing mental training, in addition to that already given in manual and industrial work, is under consideration. The mental and emotional instability present in the patients in our State Institution does not prevent some of them from taking an intelligent, though possibly a transient, interest in intellectual subjects. Is it not possible, by encouraging this interest, to stimulate a wider and more impersonal outlook and also through skilled and regular training to develop, in at any rate some selected patients, the powers of reasoning, observation and expression and so help them to control and make better use of such mental powers as they possess? We have added to the list of industries since the last report, and as the Institution increases, we shall endeavour to still further amplify it. It must be recognised, however, that these and similar desires can only be fulfilled by an increased expenditure, and whilst the blight of financial restrictions hangs over the country it may be that the fulfilment of these desires, comparatively small as the cost would be, will have to be postponed and that they are for the moment not practical.



The following tables show the actual numbers of patients in residence at Farmfield and Rampton at the end of the year :—
Number of patients on 31st December 1921 :—

Farmfield.

Sex.		Sec. 3.	Sec. 6.	Sec. 8.	Sec. 9.	Sec. 8(4).	Total.
Female—							
In Institution	-	—	35	9	20	—	64
On Licence	-	1	5	2	8	—	16
Total	-	1	40	11	28	—	80

Rampton.

Sex.		Sec. 3.	Sec. 6.	Sec. 8.	Sec. 9.	Sec. 8(4).	Total.
Male—							
In Institution	-	—	18	34	123	1	176
On Licence	-	—	—	—	1	—	1
		—	18	34	124	1	177
Female—							
In Institution	-	2	18	7	40	—	67
On Licence	-	—	—	—	1	—	1
		2	18	7	41	—	68
Total	-	2	36	41	165	1	245

The admissions to Farmfield during 1921 numbered 19 and to Rampton 88—males, 53; females, 35.

Constant observation is kept on the patients with a view to deciding whether any of them show such signs of improvement as will justify their being removed from a State Institution to a somewhat less strict supervision or of being absolutely discharged from care.

The number of discharges from care are, as might be surmised, few in number—during the past year four have been so dealt with.

If the condition of a patient improves so that he can no longer be classed as being of dangerous or violent propensities, and he is thought to be capable of treatment in an ordinary certified institution, we communicate with the Local Authority responsible and, on the necessary arrangements being made, transfer the patient to their care. If the Local Authority have no institution of their own we are always ready to assist in finding suitable accommodation.

The practice of granting leave to other institutions and, in suitable cases, to Salvation and Church Army or other Homes, with a view to testing a patient's conduct under less strict discipline than that of a State Institution, has been somewhat freely used. In a limited number of cases patients have been granted leave to their homes or to the care of someone who is, with a knowledge of the patients' history, willing to receive them. It is too early yet to form any definite opinion as to the success or otherwise of this course, but, although there have been some relapses, the experiment with regard to other cases has been so encouraging as to induce us to look forward to an extension rather than a restriction of the practice.

CERTIFIED INSTITUTIONS.

The financial difficulties that have interfered with the general progress of work under the Mental Deficiency Act have pressed more hardly upon the development of certified institutions than in any other direction. This is not surprising, seeing that the erection of buildings, or, indeed, the provision of accommodation in any form, must entail large expenditure—the money for which has not been available.

During 1921, as in the years immediately preceding, many attractive schemes were submitted to us for approval by Local Authorities, who were desirous of equipping themselves with adequate means for putting the Act into effective operation. Unfortunately, although the demand for accommodation was great in all instances, and the case for the suggested provision fully made out in most of them, we had no alternative but to refuse to allow them to go forward. As result, only two old-standing projects attained maturity during the year; both being schemes for which approval had been given previously, and where commitments had been too heavy to allow of inhibition without great financial loss. The remaining suggestions for the provision of accommodation were postponed for reconsideration when more favourable conditions obtain.

The two new certificates actually granted were one to the Asylums and Mental Deficiency Committee of the London County Council for *The Manor Institution, Epsom*, foreshadowed in our Report for 1920, and another to the Mental Deficiency Committee of the Glamorgan County Council for *Drymma Hall, near Neath*. The Manor was certified for a total of 1,003 patients of both sexes, and Drymma Hall for 70 female cases. Thirty-five patients had been admitted to the latter establishment before January 1st, 1922, but none to the former, owing to the still incomplete arrangements for reception.

These two additions to our list of certified institutions have increased the number of such establishments from 65 at the beginning of 1921 to 67 at the commencement of 1922, whilst the number of beds available for cases have been augmented by

1,073. With regard to accommodation, therefore, despite deterrent influences, there is some progress to record.

Of all institutions now certified, a considerable majority (54 out of the 67 total) are designed for the reception of numbers under 100, many of them being restricted at the wish of their managers to the reception of special types of cases; admission to each being dependent upon character of defect, religious persuasion, conduct, age, sex, &c., or, more correctly, character of defect with one or more of the other conditions in combination. Although these small institutions are unsuitable for dealing with mixed classes, owing to necessary limitation in facilities for classification, they present many advantages when the type of case for which they are designed is clearly defined, and strictly adhered to. Much excellent work is being done in these small establishments, and the persons conducting them maintain that they can create and preserve a more homelike atmosphere than is practicable in larger places, and that small numbers enable them to pay more particular attention to individual cases.

On the other hand, it is admittedly difficult to conduct small institutions with economy, and experience is proving that, when proper attention is paid to details, classification can be carried out with much greater efficiency in suitably constructed large institutions. There is ample evidence also that, by the exercise of ingenuity, a homelike atmosphere can be obtained; and, by the careful selection of responsible heads of departments, the necessary particular attention to individual cases can be secured. Moreover, and this is an important advantage in favour of large institutions, the possession of a larger income, and the need for a larger staff, enable the managers to provide better qualified teachers, and more skilled industrial trainers. Economy in establishment is of vital importance at the present time, and in consequence, especially for a Local Authority making provision for all classes of cases, there seems to be no alternative to large institutions, with intramural classification. Present indications seem to point to the full acceptance of this principle; in fact, a fair number of the now small establishments amongst the 54 mentioned above are in the nature of nuclei of larger schemes, waiting a period of greater financial freedom for full development. Amongst the larger institutions now established, and designed to carry out these conditions in their entirety, are *Calderstones*, certified for 2,408, *Stoke Park* for 1,578, *The Manor Institution* for 1,003, *The Eastern Counties Institution* for 767, *The Royal Earlswood Institution* for about 600, *The Royal Albert Institution* for 750, *Whittington Hall* for 400, the *Western Counties Institution* for 374, and *Sandlebridge* for 295.

Special reference will be made later to the very useful institutions conducted by the Metropolitan Asylums Board, into which a large number of cases under the Mental Deficiency Act have been received through the courtesy of the managing authority. Although many such establishments are larger than some of

those just mentioned, they are not included in the list because they will receive notice in the part of this report dealing with patients in Poor Law Institutions.

Women on Management Committees.—We observe with regret that there are still one or two Management Committees of Institutions for the Mentally Defective on which no women have been appointed. We desire to remind Local Authorities that the Mental Deficiency Act, 1913, made the appointment of women on the Committees for the Care of the Mentally Defective a statutory obligation, and we are of opinion that where a Local Authority establishes an Institution and appoints a Management Committee, that Committee should include women. We trust also that private and philanthropic Societies and Associations who are conducting Institutions for the mentally defective will also make use of the valuable services of women on their Management Committees if they have not already done so.

Of the total number of certified institutions now existing, 19 are conducted by Local Authorities, 13 by Incorporated Associations or *ad hoc* Boards or Committees of Management, 19 by Philanthropic or Church of England Societies, 11 by Roman Catholic Societies or Sisterhoods, 2 by Anglican Sisterhoods, 2 by the Church Army, and 1 by the Salvation Army. The marked preponderance of institutions established by bodies other than Local Authorities is due to the restrictions over the expenditure of public money that have been in force for the greater part of the period that has elapsed since the Mental Deficiency Act came into operation, and to the fact that many establishments conducted by *ad hoc* Boards or philanthropic or religious societies, now included in the list, were in being before the passing of that Act.

Admissions.—Patients admitted to certified institutions during 1921 numbered 2,016, a material increase over (1,445) the figure for 1920, and (1,358) that for 1919. Having regard to the efforts that have been made to restrain Local Authorities from the exercise of their powers over any but the more urgent cases, this continued and steady increase in the number of admissions year by year is good evidence, were further required, of the need for adequate provision. Notwithstanding ceaseless efforts centrally to restrain action, and the realisation locally of the need for economy, it has proved impossible to avoid dealing with these 2,016 persons, in addition to those who have been sent elsewhere under section 37 of the Act. During the year under review it has been necessary, as heretofore, to rely upon approved Poor Law Institutions for accommodation that could not be found in certified institutions; this to a material extent, seeing that Mental Deficiency Act cases, resident in these establishments, number at the end of 1921 upwards of 600 more than they did at the end of 1920.

An examination of the particulars available relating to new admissions provides little material for special comment this year. In the matter of sex the distribution is curiously equal—men and boys numbered 1,011, and women and girls 1,005. So far as mental state is concerned, 604 (about 30 per cent. of all admissions) were described as “idiots or imbeciles,” *i.e.*, persons of low-grade mental capacity, 1,342 (a little under 67 per cent.) as “high-grade feeble-minded,” and 70 (a little over 3 per cent.) as “moral imbeciles.” Seeing, however, that “moral imbeciles” are often the highest grade cases received into institutions, so far as intellectual capacity is concerned, and rarely rank below the “feeble-minded” in this particular, the proportion resolves itself into 30 per cent. “idiots and imbeciles” of low grade, and 70 per cent. high grade “feeble-minded.” This may reasonably be considered as disproportionate; not even approximately representing the proportion of cases of each class that will require to be dealt with when the facilities for the admission of both to residential care are equal. At the present time accommodation in certified institutions for low-grade cases is much more difficult to obtain than are beds for high-grade cases; consequently it is probable that a large proportion of low-grade cases dealt with under the Mental Deficiency Act will now be found in institutions under the Metropolitan Asylums Board, in Poor Law Institutions generally throughout the country, or (certified under the Lunacy Acts) in Mental Hospitals. It is probable also that another factor in the situation is the attitude of Local Authorities, who, during the present period of financial stress, rightly consider that the most urgent cases are those who, other things being equal, are of sufficiently high grade to benefit from teaching and training. It is indeed probable that the two classes will not receive equal treatment until Local Authorities are able to make full, unrestrained, provision to meet the needs of their several districts.

Discharges.—Persons discharged or removed from certified institutions during 1921 numbered, males 443, females 482—total 925. This is considerably in excess (roughly about 200 more) than those discharged during the previous year. But, having regard to the steady increase in the daily average number resident, the increase in discharges is not so great as it seems at first sight; discharges in proportion to population work out at about 10 per cent. for 1920, and approximately 12 per cent. for 1921. This comparatively slight increase can be fully accounted for, partly as a result of our circular to Local Authorities of August last asking for a special re-examination of their cases with a view to the discharge of suitable cases to make way for more urgent ones; and partly on the ground that the passage of time renders it possible to discharge an increasing number of improved cases to the care of friends.

Deaths.—The total deaths in certified institutions during 1921 numbered 117, equal to about 1·4 per cent. of the daily average

number of patients resident. This is .5 per cent. less than the previous year. Forty-three deaths, about 37 per cent. of the total, were due to tuberculous disease in all forms, 32 per cent. being pulmonary, about 14 per cent. of deaths were due to pneumonia, and approximately 12 per cent. to epilepsy. The remaining deaths were attributable to a variety of causes, there being insufficient prominence in any one of them to call for special comment.

Particulars concerning cases under care on January 1st, 1922.

The changes detailed in the foregoing paragraphs—admissions, discharges, and deaths—during 1921, resulted in a population in certified institutions of 8,513 on January 1st of the current year—1,092 in excess of those resident on the same date of the previous year. The distribution of these cases—according to the conditions under which each was received—is as follows :—

—	Males.	Females.	Total.
Received under the provisions of the Mental Deficiency Act - - - - -	3,148	3,426	6,574
Received outside the provisions of the Mental Deficiency Act :—			
Sent by Local Education Authorities - - -	329	213	542
Sent under the Children Act, 1908 - - -	114	42	156
Sent by Poor Law Authorities - - -	350	775	1,125
Sent by Relatives or others . - -	34	82	116
Total - - - - -	3,975	4,538	8,513

It is again evident that the proportion of patients in certified institutions who are sent there under the provisions of the Mental Deficiency Act, as compared with the proportion sent by Boards of Guardians or private persons—*i.e.*, outside the Act—is steadily increasing :—

Year.	Under the provisions of the Act.	Outside the Act.	Total.	Percentage under the Act.
1917	4,242	2,147	6,389	66.4
1918	4,493	2,084	6,577	68.3
1919	5,063	1,948	7,011	72.2
1920	5,551	1,870	7,421	74.8
1921	6,574	1,939	8,513	77.2

Health.—The general health of patients in certified institutions has been good throughout the year. The incidence of influenza was heavy during later months, but the attacks were milder in character than was the case in some previous years, and the death rate very low; out of 755 cases notified as suffering from the

disease only 5 died. The incidence of other infectious diseases dropped slightly during 1921, as compared with 1920, the case figures being 288 and 338 respectively. The differential distribution was as follows: scarlet fever (16 cases), measles (65 cases), whooping cough (9 cases), chicken pox (10 cases), mumps (87 cases), diphtheria (8 cases), dysentery (70 cases), and "other zymotic diseases" (23 cases). It is interesting to note that of these 288 patients attacked, only two died, which, even granting less virulence in type, speaks well for the medical and nursing care they received. No case of enteric fever occurred during the year; but the continued prevalence of its institutional cousin, dysentery, in a few institutions—is very unsatisfactory and calls for special effort towards eradication.

Of all diseases occurring in certified institutions, by far the most important is *Tuberculosis*. Seventy-six cases were under treatment on January 1st, 1921, and 93 fresh cases were notified during the year, making a total under treatment of 166—112 being pulmonary and 54 general or elsewhere localised. Of the total number of cases, 72 ceased to be actively affected and became sufficiently well for discharge from hospital to ordinary institution life; 43 died; 7 were discharged not recovered; and 44 remained under treatment at the end of the year. Although these figures are considerable, it is satisfactory to note that the proportion, during the year under review, of persons suffering from all forms of tuberculous disease (calculated on the daily average population) works out at about 2 per cent., as against the 3 per cent. reported for 1920.

In all 59 patients were under treatment for pneumonia during the year, for the most part secondary to influenza. Of this number 39 recovered, 15 died, and 5 remained under treatment at the end of the year. Having regard to the fatal nature of this disease when it occurs as a complication of influenza, especially amongst epileptics and persons of low vitality, the 25·5 per cent. of deaths to persons attacked is a comparatively low mortality. Our experience with pneumonia occurring amongst a congenitally defective population has often been much more unfortunate.

Diseases of the heart have, in the past, occurred in about 0·7 per cent. of the average number resident, and this figure remains a fairly constant one. Epilepsy, which, up to 1920, has been present in about 3·9 per cent. of the population, increased in 1921 to about 4·7 per cent.; but this will probably be a varying figure for some time to come, and subject to further material increase as a larger percentage of low-grade and helpless cases are admitted for permanent custodial care.

The need for Economy in Administration.

In view of the existing financial difficulties, the subject of certified institutions cannot be left without some reference to the

need for economy in administration. We have recently made a comparison between various items of expenditure shown in the accounts of many institutions in which defectives are treated, with the result that wide variation in cost has become evident. It is fully realised that geographical position, the structural character of an institution, local variation in prices, and other factors over which the administrative staff have no control, must to a considerable extent determine maintenance cost; but it is evident that a wide field remains in which the rate of expenditure depends entirely on administration. As available funds for carrying out the provisions of the Act are strictly limited, it is obvious that the number of patients who can obtain advantage from it must be in inverse proportion to the cost of their detention. For this reason, and because economy is demanded on all hands, it is to be hoped that managers will carefully review the administration of their institutions with a view to reducing or eliminating all items of unnecessary expenditure. The numbers and remuneration of members of the staff should be revised and reduced where practicable, and dietaries should be examined and cheaper items substituted for more expensive ones when this can be done without detriment to the wellbeing of the patients. Arrangements should also be made to secure that clothing is not of unduly expensive quality and not discarded until past repair, and the economical use of fuel, light, and water should be ensured by the periodical examination of the records of consumption. These are some directions where close investigation might lead to material reduction.

CERTIFIED HOUSES.

The close of the year found 218 persons under care in Certified Houses—admitted under the following conditions:—

Number of Patients on 1st January 1922.

—	Males.	Females.	Total
Received under the provisions of the Mental Deficiency Act - - - - -	108	81	189
Received outside the provisions of the Mental Deficiency Act:—			
Sent by Relatives or Others - - -	4	25	29
Total - - - - -	112	106	218

The above table shows a decrease of 70 on the total number of patients in these houses a year previously. All cases received under the provisions of the Mental Deficiency Act (except one female case under order) were “placed” under Section 3.

APPROVED HOMES.

Number of Patients on 1st January 1922.

—	Males.	Females.	Total.
Sent by Poor Law Authorities - -	3	89	92
Sent by Local Authorities - -	2	4	6
Sent by Relatives or Others - -	110	78	188
Total - - - -	115	171	286

On January 1st, 1922, there were 19 of these homes in existence, with total accommodation for 367 patients, and an actual population of 286, or 30 more than were under care at the end of the preceding year.

DEFECTIVES IN SINGLE CARE.

The number of Defectives in Single Care on 1st January 1922 was :—

—	Males.	Females.	Total.
Under Orders - - - -	103	199	302
“Placed” (section 3) - -	15	9	24
Notified - - - -	26	64	90
Total - - - -	144	272	416

The above figures show an increase of 65, *i.e.*, an increase of 47 under orders, and 18 notified, as compared with the previous year, when there was an increase of 61 cases.

All the defectives in single care were visited by the Commissioners or their Inspectors during the year, and they were generally found to be well cared for, properly clothed, housed and kindly treated. Several of these cases are also visited and supervised by members of the Mental Deficiency Committees of Local Authorities, and by members of Voluntary Associations acting in conjunction with them.

Insane and Mentally Defective Patients in Poor Law Institutions.

The following table shows the distribution of patients who are certified under the Lunacy Acts, and were in Poor Law Institutions on 1st January 1922 :—

—	Males.	Females.	Total.
In Poor Law Institutions - -	4,507	6,646	11,153
In Metropolitan District Asylums	2,483	2,970	5,453
Total - - - -	6,990	9,616	16,606

The number of defectives dealt with under the Mental Deficiency Act, 1913, who were in Poor Law Institutions on 1st January 1922 is shown in the subjoined table :—

—	Males.	Females.	Total.
Under "Orders" - - - -	1,659	2,069	3,728
"Placed" (section 3) - - - -	145	179	324
Total - - - -	1,804	2,248	4,052

The total accommodation provided in Poor Law Institutions for defectives under the Mental Deficiency Act may conveniently be shown under the following heads :—

- (a) In ordinary Poor Law Institutions - - - 4,579
- (b) In larger Special Poor Law Institutions, *i.e.*, Seafield House, Birmingham Certified Institution (Monyhull Colony and Erdington) and Prudhoe Hall and ancillary premises - - - 1,002
- (c) The accommodation actually being utilised (on the 1st January 1922) in the Institutions of the Metropolitan Asylums Board :

	Males.	Females.	
Darenth - - -	264	272	
Leavesden - - -	130	75	
Caterham - - -	257	138	
Fountain - - -	112	164	1,412

Total number of defectives now being provided for - 6,993

During the year 1921, 26 additional Poor Law Institutions were approved under section 37 of the Mental Deficiency Act. The figures in the above table show an increase of over 1,000 in the numbers of defectives dealt with in all classes of Poor Law Institutions. Owing to the financial stringency local authorities have been unable to undertake new schemes for the erection of Certified Institutions beyond certain already existing commitments, while the numbers of defectives for whom they could make provision under the Act, even in Poor Law Institutions, have been severely rationed.

Under these circumstances our efforts to obtain new Poor Law accommodation have been restricted and we have mainly been considering how accommodation already approved can be better utilised, with the object of arranging that as far as possible no part of England and Wales shall be entirely unprovided with an approved Poor Law Institution to which an urgent case of mental defect may be sent and detained. It must, however, be admitted that there are still some local authorities that are very inadequately provided for in this respect.

While, therefore, during the year it has been impossible to make much advance the time has not been altogether wasted. There is also the undoubted fact that there is in each year evidence that the objects and the utility of the Mental Deficiency Act are becoming more widely appreciated and that much less opposition is shown by Boards of Guardians to allowing their Institutions to be approved under section 37 of the Act. These are factors that are of hopeful augury for the more efficient working of the Act, when the financial position becomes less acute.

We are glad to know that the Minister of Health has sent a favourable reply to the Central Association for Mental Welfare who approached him on the subject of encouraging the Attendant Staff in Poor Law Institutions to receive instruction in modern methods of training and occupying the defectives in such institutions.

We have noticed in some of the larger Poor Law Institutions a tendency to admit to and retain cases of acute insanity for whom adequate provision cannot be made in a Poor Law Institution, even of the most up-to-date kind, and for whose care and detention Mental Hospitals have especially been provided. Under the existing lunacy laws it is true that the only place where a mental patient can be sent for a period of observation without certification is a Poor Law Institution; and no doubt some of these cases do make a speedy recovery. There are, however, many cases likely to recover, remaining for long periods in a Poor Law Institution either uncertified or dealt with under section 24 of the Lunacy Act, 1890, who might reasonably be expected to make an early and more complete recovery if they were given at once the more expert treatment that they would receive in a well equipped Mental Hospital. These are essentially the cases for which we are so anxious

to obtain an amendment of the existing Lunacy Laws so as to enable persons who are suffering from incipient mental disorders to obtain the most appropriate and up-to-date treatment for a period without the necessity for certification. The wards of a Poor Law Institution are not well adapted for acute mental cases nor in most cases has the Medical Officer of the Institution either the time or the experience to deal with such cases. Except for a short period of observation, it was never intended that acute cases of insanity should remain in Poor Law Institutions. Even if the law remains unchanged we think that the principle which obtains in certain districts of sending all cases of mental disorder to the Mental Hospital *viâ* the Poor Law Institution is to be deprecated. Although it is possible that in some cases the so-called stigma of certification may be avoided, we are sure that in the long run direct admission to the Mental Hospital is the wisest course. In county areas it may sometimes be necessary to send a case temporarily to the local Poor Law Institution, but in the larger County Boroughs it should be just as easy to send a suitable case to the Mental Hospital direct.

We should welcome closer co-operation between the different medical officers who, in the course of their duties, have to deal with the insane and with mental defectives. The advice of the Medical Superintendent of the Mental Hospital would often be of great assistance in dealing with cases which present difficulty. In some districts arrangements have been made enabling this to be obtained.

CHANGES IN THE BOARD.

On the 24th of June, 1921, our Chairman, The Right Hon. Sir William Patrick Byrne, K.C.V.O., C.B., retired on the completion of 40 years of public service. He was appointed Chairman of the Board of Control on its constitution in 1913, and in the administration of the Mental Deficiency Act his ripe experience and great knowledge of the subject have been of the utmost value. To fill the vacancy thus caused, Sir Frederick James Willis, K.B.E., C.B., a Principal Assistant Secretary at the Ministry of Health, was appointed as his successor.

Three other retirements of paid Commissioners took effect during the year, viz. :—

Sir Marriott Cooke, K.B.E., M.B., who for a period of over 23 years had rendered most valuable services to the Board and whose extensive knowledge of the administration of institutions for the insane was of the greatest benefit to the State, more particularly in connection with the scheme for the utilisation of Asylums as War Hospitals for wounded soldiers. During Sir William Byrne's absence as Under Secretary for Ireland (1916–18), Sir Marriott Cooke acted as Chairman of the Board. On his retirement

the King was pleased to appoint him an Honorary Commissioner.

Dr. Sidney Coupland, F.R.C.P., who had been a member of the Board for nearly 23 years. He is senior Consulting Physician to the Middlesex Hospital, and his wide experience in medicine, combined with his statistical attainments, have been of inestimable value; besides which his wholehearted devotion to the interests of the insane will not readily be forgotten.

Miss Mary Dendy, Hon. M.A., who was appointed a Commissioner in 1913. She had devoted many years to philanthropic work, had founded the Lancashire and Cheshire Society for the Permanent Care of the Feeble-Minded, and had acquired large experience in the care and training of mental defectives.

The vacancy caused by Miss Dendy's retirement was filled by the appointment of Mrs. Ellen Frances Pinsent, who had held office as an unpaid Commissioner since 1913.

Mr. C. L. Forestier-Walker, M.P., was appointed an unpaid Commissioner in the place of the Right Hon. Sir Willoughby Dickinson, K.B.E., whose term of office had expired, and Miss Ruth Darwin to a similar position in succession to Mrs. Pinsent.

BY ORDER OF THE BOARD,

(Signed) F. J. WILLIS,
Chairman.

(Signed) O. E. DICKINSON,
Secretary.

28th June 1922.

SUPPLEMENT TO REPORT.

SCIENTIFIC RESEARCH WORK IN MENTAL HOSPITALS IN 1921.

I.—*From the Lancashire County at Prestwich.*

Toxi-infection of the central nervous system. By Dr. DAVID ORR and Dr. A. C. STURROCK (Physician to Salford Royal Hospital).

II.—*From the Lancashire County at Rainhill.*

1. Report on Dysentery for the year 1921. By Dr. G. A. WATSON.
2. Case of Pellagra. By Dr. G. A. WATSON.
3. Case of supposed arrested General Paralysis and Encephalitis Lethargica. By Dr. G. A. WATSON.

III.—*From the Lancashire County at Whittingham.*

Clinical and Pathological Investigations. By the Medical Officers of the Institution.

IV.—*From the London County at Claybury.*

The ætiology of Bacillary Dysentery in Mental Hospitals. By Dr. W. S. DAWSON and Dr. W. MOODIE (published in full in *The Lancet* of 30th July 1921).

V.—*From the West Riding at Wakefield.*

Asylum Dysentery and Allied Infections (Further Report). By Dr. J. SHAW BOLTON and Dr. M. J. McGRATH.

VI.—*From the Cardiff City Mental Hospital.*

1. Diastase-content of the urine. By Dr. H. SCHOLBERG and Lieut.-Col. GOODALL.
2. Passage of a barium-sulphate meal in ten cases of Dementia Præcox. By Dr. R. V. STANFORD, Lieut.-Col. GOODALL and Dr. ROBERT KNOX (Hon. Radiologist, King's College Hospital).
3. The blood in different kinds of insanity. By Dr. H. SCHOLBERG, Dr. CAMERON, and Lieut.-Col. GOODALL.
4. Investigations conducted during 1921 in the Chemical Laboratory. By Dr. R. V. STANFORD.
5. Investigations by Dr. JAMES WALKER.
 - (1) The Urea Concentration Tests in the Psychoses.
 - (2) The Basal Metabolic Rate in Dementia Præcox.
 - (3) The reaction of the Urine in 120 cases of Mental Disorder.
 - (4) Pallamine and other methods of treatment in Epilepsy.
 - (5) Dysentery.

I.—FROM THE LANCASHIRE COUNTY MENTAL HOSPITAL, PRESTWICH.

Toxi-infection of the Central Nervous System. By Dr. DAVID ORR and Dr. A. C. STURROCK (*Physician to Salford Royal Hospital*).

The object of the present research has been to confirm and extend the work of myself and Dr. Rows on Toxi-infection of the Central Nervous System, a report of which was submitted to the Board of Control and later published in *Brain*, vol. XL., part 1, 1917.

In previous experiments the lesions found in the brain of rabbits consisted in :—

- (1) Coagulation necrosis of the nerve cells in the cornu ammonis, the cerebral cortex, and in the amygdaloid nucleus.
- (2) Softening in the stratum moleculare of the cornu ammonis.
- (3) Congestion of and hyaline thrombosis in the arteries, veins and capillaries of the pia-arachnoid, the grey and the white matter, with perivascular oedema.
- (4) Early proliferative changes amongst the nuclei of the capillary wall.

It was pointed out that all the affected areas derive their vascular supply from a common source, the pia-arachnoid, whose vessels differ from those supplying the central portions of the brain in that they are under the control of the sympathetic nervous system. Attention was directed to the physiological and pathological importance of this point, and it was stated that the influence of the sympathetic mechanism in the localisation of the above phenomena should be subjected to experimental observation.

The series of experiments on which this present report is based have been conducted in the pathological laboratory, Victoria University, Manchester, and the material examined in the laboratory at Prestwich Mental Hospital.

Rabbits were used, and the methods of experiment were as follows :—

- (a) Division of the cervical sympathetic.
- (b) Injection of the Shiga bacillus into the general circulation without division of the cervical sympathetic.
- (c) Division of the cervical sympathetic followed after an interval of from 15–30 days by injection of the Shiga bacillus into the general circulation.

The brain alone has been examined, and so far we have noted the following pathological appearances :—

(a) In the non-toxic rabbits, vascular dilatation and oedema in the pia-arachnoid, cortex, and cornu ammonis, more evident on the side on which the cervical sympathetic has been divided. The hemisphere corresponding to the divided sympathetic has a greater affinity for stains. On both sides there is a slight degree of peri-arteritis close to the outer margin of the lateral ventricle.

(b) In the toxic rabbits without division of the cervical sympathetic there were vascular dilatation, oedema, coagulation necrosis of the nerve cells in the cornu ammonis, the fornix, and the cerebral cortex; a large quantity of lipoid substance in the ventricles, the iter, and in the cells of the choroid plexus; and a high degree of peri-arteritis along the outer side of each lateral ventricle.

(c) In the rabbits infected with the shiga bacillus several days after division of the cervical sympathetic we found the above changes in the cornu ammonis, the fornix, the cortex, and on the outer side of each lateral ventricle. These were more evident in the hemisphere corresponding to the divided sympathetic.

In addition to those reactions there are proliferation of the neuroglia in the white matter, proliferation of the ependymal cells, intense reaction of the endothelial cells of the choroid plexus with formation of lipoid material. This lipoid substance consists at first of minute, clear, non-staining, globules, which finally coalesce to form definite large masses with a gradually increasing affinity for stains especially at their periphery.

Conclusions.—The pathological changes in the cortex, cornu ammonis, and fornix, are more marked after a general toxi-infection in the hemisphere corresponding to the side on which the cervical sympathetic is divided; and involve especially the regions of the brain whose vascular supply is derived from the pia-arachnoid and is known to be under sympathetic control. It is suggested, therefore, that the sympathetic nervous system

is an important factor in the phenomena of inflammation, and that its implication in pathological processes affecting the nervous system can determine the localisation of lesions.

There are many points still under investigation, especially that of the presence of lipoid substance in the ventricles. The lipoid secretion may be an active defence mechanism against the toxi-infection, but at present we would defer our opinion until the research is more complete.

II.—FROM THE LANCASHIRE COUNTY MENTAL HOSPITAL, RAINHILL.

1. *Report on Dysentery for the year 1921.* By Dr. G. A. WATSON.

The examination of the stools of all patients suffering from diarrrhœa or suspected dysentery has been continued during the year as in previous years.

The total number of cases dealt with was 111, including one member of the male nursing staff.

In the majority of instances it was necessary to make one examination only, but when required two or more were undertaken.

46 of these cases were found to be suffering from simple diarrrhœa. In two males and three females this was associated with the presence of flagellates, viz., giardia intestinalis in four instances, whilst one of the females—a case of pellagra—showed chilomastix mesnile, both the active and encysted forms.

This leaves 65 cases in which a clinical and laboratory (from microscopical examination of the stools) diagnosis of dysentery was made. Of these, in 24 (16 M. + 8 F.) although they had symptoms and findings more or less typical of dysentery no dysenteric organisms could be cultured and no protozoa were found in the stools. In two females, however, the dysenteric symptoms were shown to be tuberculous in origin, and in some other cases it is probable that these symptoms were due to the ingestion of foreign bodies.

The 41 remaining cases were definitely proved to be examples of true dysentery. In four of them vegetable forms of entamœba histolytica were found, i.e., in 9·8 per cent. In 37 of the cases the dysentery was bacillary in origin. As shown by their sugar reactions in the majority the B. dysentericæ Y was present, viz., in 20 males and 5 females, whilst the Flexner strain was found in 4 males (one of these was a male nurse) and 2 females, and the Shiga Kruse in 6 males.

New Admissions.—With the object of detecting, if possible, dysentery carriers, it was our intention to examine the stools of all new admissions, both microscopically and culturally at least four times at intervals of a few days, but for various reasons the full number of tests could not always be completed. The results, however, are of some interest and may be classified as follows :—

313 cases in all have been examined. In 90 of these (63 M., 27 F.) only one examination was made; in 74 (62 M., 12 F.) two; in 101 (97 M., 4 F.) three; in 34 (all males) four; in 10 (8 M., 2 F.) five; whilst in four instances the stools were examined six times

In only one case was a dysenteric bacillary organism (belonging to the Y strain) isolated. This case was that of a man admitted in April 1921 who died a few days later of pneumonia. He had no symptoms of dysentery during his residence in the Asylum, but he is said to have suffered severely from this disease whilst serving in South Africa during the Boer War, and at the autopsy numerous typical old dysenteric scars were found in the intestine.

In 3 cases (2 M., 1 F.), or nearly 1 per cent., cysts of E. histolytica were present.

The following were also found in the above 313 cases. Cysts of E. coli in 35, i.e., 11·2 per cent.; of endolimax nana in 12, 4 per cent.; of Giardia

intestinalis in 12, 4 per cent. Cysts of *iodamoeba butchlii* were also found in 3 cases; of *chilomastix mesnile* in 2 cases and minute refractile cysts, not classified, in 4 cases. Active forms of *chilomastix mesnile* were also present in 2 cases, and of *blastocystis hominis* in one.

2. *Case of Pellagra.* By Dr. G. A. WATSON.

In a report last year upon an outbreak of pellagra in Rainhill Mental Hospital, which occurred during the years 1913 to 1918, it was stated that no definite case had been diagnosed in that institution since the latter year and that the disease in its ordinary form appeared to have died out. In the autumn of 1921, however, another very typical and fatal case occurred in a female patient, aged 45, who had been resident in the institution for 22 years. Latterly she suffered from a moderate degree of dementia. She had always partaken heartily of an ordinary mixed diet and had not in previous years shown any signs of dermatitis, nor had she any alimentary or nervous symptoms, not even during the time when the other cases of pellagra occurred.

During the three months before her last acute illness she had gradually lost weight for no obvious reason. On September 8th she was noticed to be looking ill, and her temperature was found to be 101.4° . There was thickening of the skin with roughening and dark pigmentation over the backs of the hands and wrists, also over the bridge of the nose and the labia. The pharynx and tonsils were swollen and congested, the buccal mucous membrane extensively ulcerated and the margins of the lips excoriated. She had severe diarrhoea and a curious odour of the breath. The flagellate *chilomastix mesnile* in the active and encysted form was found in abundance in the stools. The only nervous symptoms noted were slow and peculiar articulation, absence of knee jerks and the presence of Babinski's phenomenon. All the symptoms persisted; she became very feeble and stuporous and died on September 11th after an acute illness of only three days duration.

At the autopsy little abnormal was found in the bodily organs except intense congestion of the kidneys, and swelling of the mucosa of the stomach and intestines with small petechia in the former. The brain, beyond congestion of the membranes, showed merely the appearances usually seen in a case of dementia of moderate degree. Microscopically, the changes in the nervous system are similar to those described in the previous cases, viz., chiefly and most characteristically a widespread parenchymatous degeneration of the central nervous system—central neuritis. The nerve cells chiefly affected are the Betz cells, practically all of these, and to a less extent the Meynert cells, the larger cortical pyramids, and the anterior horn cells of the spinal cord. An unusual feature is a marked affection of the XIIth nerve nucleus on one side only. Many of the cells of the nucleus on this side seem to have disappeared and the remaining ones show very definite axonal change. There is little evidence of recent inflammatory reaction and such changes as there are in nerve cells, other than those mentioned, in the blood vessels and neurolyia are similar to those commonly seen in the nervous system in other cases of the same age and having the same degree of dementia as the patient.

3. *Case of supposed arrested General Paralysis and Encephalitis Lethargica.* By Dr. G. A. WATSON.

This case is of interest from two points of view, firstly as an example of so-called arrested general paralysis, an explanation of which is attempted, and secondly as dying, long after this so-called arrest, of encephalitis lethargica.

The patient, a male, was admitted in 1896, aged 38, with a history of very intemperate habits and six months duration of his symptoms. He

was diagnosed as a general paralytic on admission and was considered to be such by every medical officer who subsequently examined him. After some time his signs and symptoms did not progress; in fact they cleared up to some extent and he became a useful worker but was weakminded and boastful with some tremor of the tongue and face, slurring speech and shuffling gait. The pupils were inactive to light from the first and remained so.

On September 26th, 1921, at the age of 63, his last illness of 22 days duration commenced. The chief symptoms of this were sudden onset of paresis of the right face, arm and leg, with inability to protrude the tongue. The weakness of the arm and leg passed off next day but returned a few days later and the right arm became absolutely powerless and flaccid and the right leg almost so. The eyeballs were prominent and he developed right ocular paresis which was fluctuating and variable until he died. The optic discs were congested but there was no hæmorrhage. He appeared to have headache but there was no vomiting and no rise of temperature. All through his illness he was confused, dull and lethargic, but resistive at times, and he seemed unable to answer questions.

The brain showed none of the usual signs of general paralysis but there was some patchy hæmorrhage into the membranes and an apparent acute softening without hæmorrhage in the lower part of the mid parietal region, the gyri of Heschl and the neighbouring part of the insula on the left side. Some of the larger cerebral blood vessels showed slight to moderate atheroma but the smaller ones appeared normal. Sachs-Georgi and colloidal gold reactions of the cerebro-spinal fluid withdrawn by lumbar puncture shortly after death were entirely negative.

Microscopically in the regions of the cerebral cortex examined some distance from the softened area, including the prefrontal, the membranes show some active proliferation and hæmorrhage into and below them with congestion vessels, a little perivascular proliferation and acute changes in certain nerve cells but there is no indication that the patient had at any time suffered from general paralysis.

The most prominent lesion is in the Betz cells. Almost none are normal and 70 to 80 per cent. are grossly affected, being very degenerate and often ghostlike whilst others show axonal changes. In these cells the degeneration has the appearance of being of very old standing indicating probably that the patient at one time suffered from a severe attack of central neuritis, and it is suggested that this occurred at the time when the clinical diagnosis of general paralysis was made. In this connection it may be noted that in several instances in past years in which a clinical diagnosis of general paralysis has been made, no evidence, macro- or microscopic, has been seen post mortem of this disease, but lesions typical of central neuritis have been found microscopically. It is not unlikely that certain cases of supposed arrested general paralysis are of a similar nature.

With regard to the area of acute softening sections from various parts show appearances typical of encephalitis lethargica of the hyperplastic variety and chiefly affecting the grey matter. There is recent meningitis and perivascular proliferation and the lesions of the brain substance vary much in intensity and apparent time of onset in different places. In some parts there are necrotic foci with little cellular proliferation and in others almost total disappearance of the nervous tissue and replacement of this by inflammatory cells. Only a very few small vessels show signs of partial thrombosis and in one place only are there a few small hæmorrhages. In addition to the larger lesion several smaller areas were found in microscopical examination of recent inflammatory reaction with or without signs of gross destruction of nervous tissue. The largest of these is in the left face area, with much loss of tissue, and smaller ones are seen in the left arm area and mid-frontal region. In the white matter of the insula, in the basal ganglia and internal capsule especially on the left side are numerous small recent and older hæmorrhages and considerable recent peri-vascular proliferation with acute and chronic

changes in the nerve cells. Similar but less marked changes are seen in the medulla, pons and crura cerebri. In the basal ganglia many vessels show collections of darkly staining material in their adventitial sheaths. In some this is in the form of minute droplets, in others it is seen in masses which almost entirely obscure the vessel walls. In the blood in many of the vessels there is a large increase of leucocytes, chiefly polymorphonuclear.

The appearances generally, apart from those of the Betz cells in particular, are those of a case of meningo-encephalitis, widespread but with its chief focus in a portion of the left cerebral hemisphere. These appearances and the clinical history leave little doubt as to the nature of the final illness.

III.—FROM THE LANCASHIRE COUNTY MENTAL HOSPITAL, WHITTINGHAM.

Clinical and Pathological Investigations. By the Medical Officers of the Institution.

During the period under review a large amount of routine work has been carried out in the laboratory. The figures are as follows :—

Examination of urine	-	-	-	-	-	-	-	817
Bacteriological examination of fæces	-	-	-	-	-	-	-	173
Bacteriological examination of urine	-	-	-	-	-	-	-	168
Agglutination reactions, Typhoid, Paratyphoid A and B	-	-	-	-	-	-	-	453
Bacteriological examination of throat swabs	-	-	-	-	-	-	-	20
Chemical and bacteriological examination of sputa	-	-	-	-	-	-	-	72
Tissue diagnosis	-	-	-	-	-	-	-	94
Examination of cerebro-spinal fluid	-	-	-	-	-	-	-	426

Comparative Study of Colloidal Reactions on the Cerebrospinal Fluid.

In addition to the ordinary tests employed in the examination of the cerebro-spinal fluid a comparative study was made of the colloidal gold, colloidal mastic and colloidal benzoin reactions in fluids from 100 selected cases. A paper incorporating the results was published early this year (D. O. Riddell, R. M. Stewart, *Journal of Neurology and Psychopathology*, 1922, ii, page 325), from which the following resumé is taken. The cases were grouped under the five divisions. (1) Dementia Paralytica, 30 cases; (2) Tabes Dorsalis, 3 cases; (3) Cerebro-spinal syphilis, 6 cases; (4) Disseminated Sclerosis, 2 cases; (5) Non-syphilitic disease of the nervous system, 18 cases; (6) Miscellaneous group, 36 cases.

Group 1. General Paralysis of the Insane. All three tests yielded typical curves in 28 instances. In the remaining two cases which exhibited well-marked signs of general paralysis, the gold and benzoin tests were positive, and the mastic negative or atypical. The uniformity of the gold and benzoin tests suggested that they are of equal value in the diagnosis of dementia paralytica. On the other hand a paretic gold curve was obtained in four fluids from patients presenting no symptoms of general paralysis. The first case was a demented female 70 years old, whose brain on subsequent examination was found to possess no evidence of syphilitic involvement. The second patient was unquestionably a case of disseminated sclerosis (W.R. negative in blood and cerebro-spinal fluid). The remaining fluids were from two cases of tabes. The gun-mastic reaction gave paretic curves in two non-syphilitic fluids—the chronic demented patient referred to above and the case of disseminated sclerosis. The colloidal-benzoin reaction gave no paretic curves in non-syphilitic cases.

Group 2. Tabes Dorsalis. Three cases that were diagnosed tabes dorsalis presented well-marked signs and symptoms of the disease. The mastic and benzoin tests gave syphilitic curves in the three fluids, but the colloidal gold reaction gave in two instances paretic curves to which reference has already been made; in the other fluid a well-marked syphilitic curve was obtained.

Group 3. Cerebro-spinal Syphilis. The colloidal gold reaction gave curves in the syphilitic zone in all 6 cases; the mastic test also gave curves which were interpreted as syphilitic. The colloidal benzoin test showed syphilitic curves in four cases and negative in two fluids. The Wassermann reaction proved positive in five cases and negative in the sixth.

Group 4. Disseminated Sclerosis. The first case gave syphilitic curves in all three reactions (W.R.—). The spinal fluid of the second case to which reference has already been made, showed a paretic curve in the gold and mastic tests, and a syphilitic curve in the benzoin test.

Group 5. Organic nervous diseases. With two exceptions all three tests were negative. A patient suffering from pseudobulbar paralysis showed very slight reduction in the middle zone in the colloidal gold test, slight reduction in the first two tubes of the mastic test, and a negative colloidal benzoin reaction (Wassermann—cells 4, globulin faintly +). In another patient suffering from paraplegia the gold test was negative, the mastic showed slight reduction in the first five tubes, and the benzoin test was negative (Wassermann—cells 10, globulin faintly +).

Group 6. Miscellaneous. A survey of this group showed that no positive results were obtained.

Relation of the Globulin Content and Cell Count to the Three Reactions.

In 30 cases of general paralysis, positive colloidal reactions were in all instances associated with pleocytosis and increased globulin content, but on the other hand in 12 cases in which all three tests were negative there was a definite increase in globulin, and in 13 cases giving negative results the cell count was abnormal. The fluid with no increase of globulin content was within normal limits. In only one instance were all 3 reactions negative in a spinal fluid which showed a positive Wassermann reaction, pleocytosis, and increase of globulin. In other words, the three colloidal reactions failed to give evidence of a syphilitic infection in 1 per cent. of the series. The patient was a woman with gummatous ulceration of the soft palate, and curiously enough her blood Wassermann was negative.

Since publication of the paper abstracted above a large number of colloidal substances have been tested as regards their reliability for use in the diagnosis of neurosyphilis. Of these, a colloidal suspension of gamboge has been found to give consistent results and to possess certain advantages over colloidal benzoin. It is never precipitated by normal spinal fluids and when partial or complete precipitation occurs the fluid under examination is definitely abnormal. Precipitation is most constantly found in fluids from cases of neurosyphilis. In G.P.I. complete precipitation occurs in the first five tubes, leaving a clear supernatant fluid, the sixth control tube remaining unchanged. So far as present investigations have gone complete precipitation does not occur in any other condition. Partial precipitation in the first two or three tubes is an indication of a meningo-vascular syphilitic infection of the nervous system.

The test can be carried out with a minimum expenditure of time, the apparatus required is simple, the reagents employed are cheap (100 tests can be performed at a cost of less than 1s.), the end results can be read after a period of six hours, and possible errors in technique are reduced to a minimum.

Technique.—Two stock solutions are prepared, one containing 0.4 per cent. chemically pure sodium chloride, and the other a suspension of gamboge. One gramme of powdered gamboge (commercial, not B.P.) is dissolved in 10 c.c. of absolute alcohol, and after the lapse of 48 hours the supernatant fluid is decanted; of this, when the test is to be performed, 0.3 c.c. is added drop by drop to 20 c.c. of distilled water, and the solution then heated to 35 C. When cold the suspension is ready for use; it should not be more than 48 hours old.

To the first of six small test tubes, chemically clean, there is added 1·8 c.c. of the salt solution, and to each of the remainder 1 c.c. of the same solution; 0·2 c.c. of cerebro-spinal fluid is next added to the first tube, and after mixing, 1 c.c. is transferred to the second tube, and so on to the fifth tube; from this 1 c.c. is rejected, the sixth tube thus serving as a control. The dilutions are in geometrical progression and range from 1–10 in the first tube to 1–160 in the fifth tube. Finally to each of the six tubes 1 c.c. of the gamboge solution is added. The tubes are allowed to stand at room temperature, and the results then read.

Blood Pressure in the Catatonic Phase of Dementia Præcox.

The writings of Turner and Craig in this country and Clarke in America have done much to focus attention on the disordered function of the vasomotor system in various psychoses. As is well known, an increased arterial tension is common in states of anxiety, and a condition of hypotension not infrequent in general paralysis, mental stupor, and catatonia. The observations of Cazamelli in the latter state have been confirmed in this Institution by records taken of the blood pressure taken in selected cases of dementia præcox—a low systolic blood pressure is the rule in catatonics. One curious and hitherto unrecorded phenomenon was brought out during the course of these experiments. In two young adult males, free from all evidence of cardio-vascular disease, the systolic and diastolic pressures were compared in the upper and lower limbs. The observations extended over a period of 26 days, the patients being kept in bed under identical conditions as regards diet, &c.

Records were taken daily at 10.15 a.m., the auscultatory method being employed.

The difference between the systolic and diastolic blood pressure was found in both cases to approximate to that which has been recorded in cases of aortic incompetence. The mean systolic difference in the arm and leg pressures in the first patient was 31·5 mm. Hg., and in the second 44·4 mm. Hg. These figures are instructive since they afford additional evidence of the derangement of the vasomotor system which may be encountered in dementia præcox.

Further work on these lines is in progress.

Pernicious Anæmia.

Four patients during the year 1921 succumbed to pernicious anæmia, of whom two were recent admissions. An analysis of the clinical histories of the latter showed that there are certain psychotic manifestations common to the disease. In the early stage of the illness the psychic disturbances include mild depression and a marked degree of irritability. Memory for recent and remote events is impaired but as a rule there is no disturbance of temporal or spatial orientation. The delusions which may occur are of the paranoid type and are sufficiently prominent to justify the inclusion of the condition in the toxic-infectious group. The late stage of the illness is characterised by somnolence, apathy and finally coma.

In one patient the illness lasted barely 18 weeks, and was complicated by the development of sub-acute combined degeneration of the spinal cord. The nervous system was submitted to a complete histo-pathological examination. The cord changes corresponded very closely to those described by Russell, Batten, and Collier. In view of the uniformity of the mental symptoms in two patients, it was of considerable interest to find that the cerebrum had shared in the degenerative change. In all areas examined the brain substance contained numerous miliary foci similar to those described by Preobrajensky, and in a few situations foci of the Lichtheim type were discovered.

It seems reasonable to suppose that future investigation will show that the mental disturbances occurring in pernicious anæmia are associated with cerebral changes of a specific type.

The use of Luminal as a Therapeutic Agent in Epilepsy.

During the early part of the year 1921, 67 cases of major epilepsy were treated with intravenous injections of peptone given at intervals of one week. The benefit from this form of treatment was found to be almost negligible and in no way superior to the oral administration of bromides and biborate of soda.

Following the report by continental writers of the encouraging results obtained by the administration of luminal, a number of cases were selected for this form of treatment in March 1921. The results obtained were so striking that it was decided to extend the treatment to all the epileptics in the Institution, and the following remarks are based on the effects which have since been obtained.

It has been found preferable to give the soluble sodium salt of luminal rather than luminal itself which can only be dispensed in powders or cachet form. The average dose employed has been 2 grains, dissolved in one ounce of water and given after the evening meal. This dose, which is smaller than that recommended by various writers, has sufficed to control the convulsions in the vast majority of cases. In a number of instances doses of 1 grain have led to a total cessation of fits. Nevertheless, no hard and fast rule can be laid down. The correct dosage has to be found by trial in each case.

While the most striking effect has been the abolition or marked diminution of seizures it must also be emphasised that many patients have become more tractable and less liable to periodic outbursts of excitement. That the patients themselves appreciate this change is indicated by the importance they attach to their evening dose of medicine, and it is no unusual experience to find that a new-comer has been advised to demand luminal by his fellow epileptics.

Several apparently hopeless cases have been transformed into useful ward-workers and a large number have gained in body weight. In female patients the menstrual function has been re-established even after being in abeyance for as long as two years.

It has been particularly gratifying to note the relief obtained in cases of organic epilepsy which usually respond very poorly to bromides. One patient with a depressed fracture of the skull had an average of 73 fits per month while on bromide treatment. Under luminal his fits now average 10 per month.

This form of treatment, however, requires to be continuous; if the drug is stopped, the convulsions return with their previous frequency.

Unpleasant effects have rarely been observed. Two patients during the first week of their treatment became stuporose, and in three instances erythematous rashes appeared.

The Measurement of the Intelligence of Patients Discharged "Recovered."

It has long been the view in Lancashire that a large percentage of the admissions show a certain degree of mental defect upon which their insanity has been grafted, and with a view to attacking this problem it has been decided, in future, to submit all patients discharged recovered to an examination devised to test their general intelligence.

For this purpose the Stanford revision of the Binet Simon tests (Terman) has been adopted.

It is at present too early to express an opinion on the results achieved, but it may be said here that they promise to give data of the greatest importance.

IV.—FROM THE LONDON COUNTY MENTAL HOSPITAL, CLAYBURY.

The Ætiology of Bacillary Dysentery in Asylums. By Dr. W. S. DAWSON
and Dr. W. MOODIE.

This paper was published in *The Lancet* of July 30th, 1921, and contained the following conclusions:—

Conclusions.

1. It is of paramount importance that the fæces of all cases of clinical dysentery and diarrhoea be examined in the laboratory. 2. Having regard to the fact that primary attacks and relapses may be so slight as to pass unnoticed, and the possibility of every case remaining a chronic carrier, very strict observation and a system of permanent isolation are necessary in order to prevent the spread of the disease. 3. Agglutinins are present in the blood of affected patients only after the fourth week of the disease, and therefore agglutination tests are of little diagnostic value.

V.—FROM THE WEST RIDING MENTAL HOSPITAL, WAKEFIELD.

Asylum Dysentery and Allied Infections (Further Report).

By Dr. J. SHAW BOLTON and Dr. M. J. McGRATH.

Introduction.—Whilst the greater part of the work during the period covered by this report is confirmatory of conclusions stated previously, in one or two important details we feel now in a position to affirm as definite truths statements hitherto advanced as probabilities only. In this connection we would emphasize the detail that the clinico-bacteriological study of dysentery and allied infections rarely or never affords complete sets of data from which truths may be logically deduced. Deductions usually require to be made from a choice of possibilities and at the best eventually to be proved by cumulative rather than direct evidence.

As we hoped, we have encountered few new cases during the period under review, in spite of the fact that these have been most energetically sought for. Unfortunately, it is impossible to draw the definite deduction that our measures of detection and isolation are responsible for this.

Causative Organisms.—During the year 1921, six male cases of dysentery occurred. From five of these Flexner's bacillus was isolated and in the case of the sixth, and fatal, example, Flexner's bacillus had been isolated eight months prior to the attack from which he died. Five cases occurred in the dysentery isolation ward and one in the tuberculosis isolation ward. Six female cases occurred during the same period and of these three died. From all the cases Flexner's bacillus was isolated. Three of the cases were sporadic and three occurred in dysentery isolation wards.

In addition to these cases four other female patients died and were certified as "dysentery." Of the four, in one bacillus Morgan (1) was isolated and in the second bacillus proteus vulgaris. In the third no pathogenic organism was isolated, and in the case of the fourth no bacteriological examination was possible and there was no post-mortem. The first two cases were recent admissions at the hospital and the latter two occurred in the female sick ward.

During the period under review three female cases of enteric fever occurred and one male due to paratyphosus B, which appears to date from the autumn of 1917, and will be referred to in greater detail later. In all four cases the appropriate bacillus was isolated.

One enteric occurred in a dysentery isolation ward and two in a female sick ward.

Bacteriological examination of Fæces of cases of suspected Dysentery.—Fifty-seven specimens were examined during the year. The bacillus of Flexner was isolated from nine of these. In six cases mucus and in three blood and mucus were present. Morgan's bacillus (No. 1) was isolated from ten specimens. Of these three contained mucus and one blood and mucus; and two were soft and four were watery. The bacillus pyocyaneus was found in two examples, which were watery and semi-solid respectively. The bacillus proteus vulgaris was found in two specimens both of which contained mucus. In the remaining 38 specimens no pathogenic organisms were found. These results agree in general with those obtained in 1919 and 1920.

In no less than 26 of the 57 specimens mucus was present (+ or — blood); and in these bacillus Flexner was found in nine, bacillus Morgan (1) in four, and bacillus proteus vulgaris in two, eleven being negative. This result is confirmatory of the well-known fact that blood and mucus in a stool is not pathognomic of "dysentery."

We would here draw attention to the interesting observation that a female patient (H. B.) gave a Flexner Widal in 1920 and that the bacillus typhosus was isolated in 1921, and that another female patient (J. B.) gave a Flexner Widal in 1921 and that the bacillus typhosus was isolated in 1920.

We would remark in this connection that it is impossible, without employing bacteriological methods, to diagnose with certainty between dysentery, typhoid, paratyphoid and ordinary diarrhoea. Further, we are satisfied that a negative bacteriological result cannot be relied on alone. Repeated examinations of apparently satisfactory specimens may be negative, and then, almost unexpectedly from an unlikely specimen, a positive result may be obtained.

Study of Agglutination Results.—A third series of special ward examinations has finally convinced us that whenever active clinical dysentery occurs numerous positive Widal reactions are to be found amongst possible contacts. We do not know whether such positive Widals result merely from ingestion of infective material by individuals susceptible in consequence of general or local alimentary states, or are due to actual infection with or without the manifestation of definite clinical symptoms of dysentery. Whatever be the cause of the reaction, it has now for nearly three years been our practice to regard all persons, patients or staff, who give it, as possibly infective, and to isolate them by allotting them to appropriate dysentery isolation wards. We believe that this practice has had considerable influence on the incidence of dysentery amongst the patients under our care. The table opposite gives the series referred to, and it may be usefully compared with the similar tables given in previous reports.

It will be noted on this table that wards 14 on 8.2.21 and 27 on 27.10.21 are good examples of tests for the absence under normal conditions of Widal results against the Morgan (1) bacillus, and the bacilli of dysentery and typhoid respectively. On the other hand, in wards 30 on 4.7.21 and 31 on 26.9.21, when the tests were made in consequence of the existence of cases of dysentery, several dysentery Widals were found. Wards 22 on the 2.11.21 and 36 on 7.12.21 illustrate the same detail in the case of dysentery isolation wards. On the other hand, ward 32 on 16.8.21 and ward F.1 on 19.8.21 render it clear that such Widals are not to be found when isolated cases of typhoid fever occur.

Agglutination results in new Admissions.—During the year 1921 the 351 new admissions have been tested against B. Flexner, B. typhosus and B. Morgan (1); and in 17 cases (9 males and 8 females) the specimens were found to agglutinate the B. Flexner. It is an interesting fact that 7 of these 17 cases had previously been in asylums, and that all the remaining

Date.	Number of Ward.	Number Tested.		B. Flexner.		B. Typhosus.		B. Morgan (1).		Special Particulars.
		Patients.	Staff.	Patients. No. Positive.	Staff. No. Positive.	Patients. No. Positive.	Staff. No. Positive.	Patients. No. Positive.	Staff. No. Positive.	
1921.										
8th Feb. -	14	55	—	—	—	—	—	—	—	Test: Male refractory ward: Chronic block.
20th " -	F.3	3	—	—	—	—	—	—	—	Suspect: Female admission ward.
12th May -	22	7	2	7	2	—	—	—	—	Female isolation dysentery ward.
12th " -	21	1	—	1	—	—	—	—	—	Female isolation dysentery ward.
18th " -	25	—	1	—	—	—	—	—	—	Suspect: Chronic female ward.
4th July -	30	41	9	22	5	—	—	—	—	Two cases of dysentery: Chronic female ward.
4th " -	21	5	2	3	1	—	—	—	—	Suspect: Female isolation dysentery ward.
4th " -	21	1	—	—	—	1	—	—	—	Suspect: Female isolation dysentery ward.
4th " -	32	1	—	—	—	—	—	—	—	Suspect: Chronic female sick ward.
4th " -	31	—	1	—	1	—	—	—	—	Suspect: Chronic female ward.
16th Aug. -	32	64	9	—	—	1	—	—	—	Two cases of typhoid fever (one from Ward F.1): Chronic female sick ward.
19th " -	F.1	57	11	—	—	—	—	—	—	Suspect typhoid: Female admission ward.
19th " -	F.3	2	—	1	—	—	—	—	—	Suspect: Female admission ward.
21st " -	F.1	—	2	—	—	—	—	—	—	Suspect: Female admission ward.
6th Sept. -	21	3	1	—	—	—	—	—	—	Suspect: Female isolation dysentery ward.
6th " -	31	1	—	—	—	—	—	—	—	Suspect: Chronic female ward.
15th " -	21	1	—	—	—	1	—	—	—	Suspect: Female isolation dysentery ward.
15th " -	30	1	—	1	—	—	—	—	—	Suspect: Chronic female ward.
26th " -	31	29	2	6	—	—	—	—	—	One case of dysentery occurred 13th Sept.
3rd Oct. -	M.1	1	—	1	—	—	—	—	—	Suspect: Male admission ward.
27th " -	27	51	5	—	3	—	—	—	—	Test: Chronic female ward.
2nd Nov. -	22	69	11	21	—	—	—	—	—	Test: Female isolation dysentery ward.
7th Dec. -	36	47	11	20	—	—	—	—	—	Four cases of dysentery: Male isolation dysentery ward.
TOTALS	-	440	67	83	12	3	—	—	—	Eight females and nine males.
New admissions.	-	351	—	17	—	—	—	—	—	
GRAND TOTALS	-	791	—	100	—	—	—	—	—	

10 had been admitted from other institutions. Every one of the 17 therefore may have been exposed to infection or even actually may have been suffering from (chronic) dysentery when admitted.

All the 17 cases were at once transferred to dysentery isolation wards.

Duration of Dysentery Widal Reactions.—We are not in a position to make a statement as to the duration of positive agglutination reactions but, as will be stated later, we have carefully tested the duration of positive agglutination reactions following vaccination.

Diagnostic value of Positive Agglutination Results.—Unfortunately, whilst a positive agglutination reaction is regarded by us as a valuable test for isolation purposes and as much superior both in speed and trustworthiness to the systematic naked eye examination of stools, nevertheless its absence in a given case does not necessarily mean that this patient does not suffer from dysentery of chronic form. The positive reaction appears to indicate that actual ingestion of or infection by active dysentery bacilli has occurred recently; and this may have occurred from another case or may be a recurrence by auto-infection of a chronic case.

Employment of Vaccines for Prophylaxis.—During the period under review 589 patients and members of the staff have been vaccinated, the routine dose being 1,000 millions followed in ten days by a further 2,000 millions.

In no instance have troublesome complications ensued, and as a rule little or no discomfort follows the vaccination. Our experience justifies us in stating that its systematic employment is desirable in the event of the occurrence of a dysentery epidemic, although the small number of cases of dysentery which have occurred during the period under review does not justify us in expressing a definite opinion as to the prophylactic value of vaccination. At the same time it is a fact that not a single vaccinated case has hitherto developed dysentery with the exception of the two following patients both of whom had suffered previously from dysentery.

M. P., admitted 24.3.17, aged 63 years.—Developed dysentery in sick ward 32 on 20.10.19 and recovered after isolation on 15.11.19. On 30.12.19 and 7.1.20, whilst, of course, in an isolation ward, her blood gave a 1/50 agglutination of Flexner's bacillus. She was vaccinated with 1,000 and 2,000 millions respectively on 8.2.21 and 18.2.21. She developed dysentery on 12.3.21 and the bacillus of Flexner was found on 16.3.21, 26 days after the last vaccination. She recovered on 30.3.21. On 21.1.22 she died from senile decay and chronic bronchitis. There was slight catarrh of the intestine but no ulceration or thickening, and no pathogenic organisms were obtained from scrapings.

J. H. P., admitted 1.11.19, aged 57 years.—A transfer from another asylum. On 3.10.21, in consequence of his suffering from diarrhoea which on inquiry was found to be a chronic complaint, his blood was examined and found to give a 1/50 agglutination of the Flexner's bacillus, and he was isolated. On 9.12.21, whilst in bed suffering from apparent dysentery, he was vaccinated with 1,000 millions, and this was repeated on 20.12.21 with 2,000 millions. The bacillus of Flexner was obtained from the stools on 11.12.21, two days after the first dose. The attack was a severe one, but he recovered on 24.12.21. He is alive and well.

Neither of these cases justifies any definite conclusions beyond the obvious one that vaccination does not have an immediate destructive effect on the bacillus of Flexner.

We would add here the remark that our fairly extensive experience does not justify any uneasiness in the use of vaccines on persons in feeble health or on actual sufferers from dysentery.

Duration of Widal reactions produced by Vaccination.—In the absence of the necessary material to enable us to study the duration of agglutination reactions in cases of dysentery, we have investigated five vaccinated cases who had not previously suffered from dysentery. The blood was examined weekly from the week following the second dose with the following result.

In the case of two patients, aged respectively 27 and 62, the reaction remained at 1/100 for $2\frac{1}{2}$ months, in the case of a third, aged 46, this continued for $3\frac{1}{2}$ months, and the remaining two, aged respectively 43 and 21, still, at the end of the period under review, continued to give a reaction of 1/100, one of them remaining at 1/150. This, it may be remarked, is the youngest patient of the series.

Treatment by Vaccination.—It will, we believe, be found to be difficult or impossible satisfactorily to carry out such, as a general plan, on cases of dysentery, though we do not affirm that isolated cases may not possibly receive benefit. The characteristics of the dysentery agglutination reaction, as has been shown, are such as to render it less satisfactory as a guide than is that in non-dysenteric cases.

Typhosus and paratyphosus B.—On the other hand, in the case of these diseases, but especially the latter since the former normally recovers completely, it is more likely that good results in selected cases may be obtained. One such case, occurring in one of ourselves, we propose now to refer to in some detail. We may here remark that the only prior illness in this case bearing on the present one was an attack of “asylum dysentery” in the year 1896.

During the war period 1916–18, and including parts of 1915 and 1919, 6 male and 2 female cases of typhoid fever occurred, and during the subsequent period to the end of 1921, 5 female cases of enteric fever. Single sporadic female cases of paratyphoid occurred in 1916 and 1918, and in 1917 three male cases were found.

One of these last, aged 50, in the autumn of 1917, quite suddenly developed a violent attack characterised by high temperature, pain in the abdomen, lower back and sacral region, and frequent stools, many of which contained blood and mucus. The attack was severe, and it was two months before complete convalescence was established. During the subsequent period until May 1921, occasional slight attacks occurred, usually characterised by pain in the lower abdomen and lower back, and diarrhoea. Several specimens of mucus were on different occasions found to contain no pathogenic organisms; and it was eventually thought likely that irritability of the colon was the sole explanation of the symptoms, particularly since they usually followed digestive irregularities or chills.

On 23rd May 1921, equally suddenly, a recurrence took place exactly similar to, but rather less severe than, the attack of 1917, it being possible to commence nominal work on 7.6.21. Three specimens of mucus were examined on 24.5.21, 25.5.21 and 1.6.21, and the first two of these gave good growths of paratyphosus B.

Thirteen injections of paratyphosus B. vaccine were given. The first eleven, consisting of 5, 10, 15, 25, 50, 100, 200, 400, 500, 1,000 and 1,500 millions respectively, were given in the arm at intervals usually of five days, commencing on 4.6.21 and ending on 26.7.21. The reactions were at first slight but became progressively more severe; and the last caused a marked general and local reaction with a temperature of 104° on the same day. This passed off within 24 hours. The twelfth dose of 1,600 millions was given on the chest on 4.8.21. The local reaction was less marked. The temperature rose to 101° only, but the general reaction and the amount of malaise were greater. The thirteenth dose of 1,600 millions was given on the chest on 13.8.21. The local reaction was slight, the temperature rose to 99° only; there was much malaise for three days with colic on the day following the injection; and bed treatment was necessary for three days. Further injections were regarded as dangerous.

On 4.6.21, there was a negative Widal (partial 1/10) to para-B. On 11.7.21, the Widal was a partial 1/40, and on the 21st a partial 1/80. On 27.7.21 it was 1/200. Between this date and 20.9.21 it showed a partial 1/200, 1/100, partial 1/100, 1/200, partial 1/100, 1/100, and partial 1/200 on weekly examination; and this variability was doubtless caused by the constitutional disturbance following the injections. From 26.9.21 to 12.12.21, weekly readings gave a steady complete or partial 1/200. From 12.12.21 to 6.2.22, a fluctuating fall to a partial 1/100 occurred. The reaction was still 1/50 on 1.3.22 and 15.3.22, though it dropped to 1/25 on 8.3.22. An attack of influenza in the middle of January did not affect the agglutination titre.

A specimen of mucus obtained on 25.9.21 was negative to para-B.

During the months of September to December 1921, much periodic irritability of the intestine occurred, rarely a week passing without a sudden attack of diarrhoea. From December 1921 to March 1922, these attacks have been less frequent and severe, they have rarely occurred within ten days of each other, and they have been more easily traced to chills or dietetic causes. The only other symptoms worthy of note were the fairly frequent occurrence of blood blisters on the mucous membrane of the mouth, and a tendency to prolapse which by suitable treatment did not result in piles.

During the six months, September 1921 to March 1922, an increase in weight of eight pounds took place, and *pari passu* with the fall in the agglutination titre a definite improvement in general physical health occurred, as was evidenced chiefly by an increased capability for manual work.

Throughout the period under review, as from the year 1917, the irritability of the colon was responsible for alternating diarrhoea and constipation which latter required prevention or alleviation by careful attention to diet and habits, and when necessary by suitable aperients. No other form of treatment was employed.

It is naturally too early to draw any conclusions regarding prognosis.

VI.—FROM THE CARDIFF CITY MENTAL HOSPITAL.

1. *Diastase-content of the Urine.* By Dr. H. A. SCHOLBERG and Lieut.-Col. E. GOODALL.

The Diastase-content of the urine was examined in one hundred and twenty cases of mental disorder of various kinds, as seen in a Public Institution. A communication on the subject was made at the Annual Meeting of the Medico-Psychological Association held in London, and was published in the *Journal of Mental Science*, January 1922. The method employed was that of Wohlgemuth. The patients were kept first upon a standard diet, and later upon the ordinary diet of the Institution with fixed amounts of fluids. The difference in diet made no difference in the results obtained. With very rare exceptions the urine was examined at least twice—with intervals—and in many cases from three to seven times in each case. Out of a total of one hundred and twenty patients examined (three hundred and twenty-four total urine examinations), a low diastase-value, in the absence of all evidence of kidney disease, was found in only six cases; a high value (in the absence of such disease) was found in only one case.

In all other cases the diastase-value was within the normal limits. Since only a high value is in favour of pancreatic disease, there was evidence of such disease—as far as this test is concerned—in only one case out of the one hundred and twenty examined. The above communication dealt incidentally with the wide variations in the amount of urine passed by patients with mental disorders. Reference is made to the complete paper for further details on this point.

2. *Passage of a Barium-sulphate Meal in Ten Cases of Dementia Præcox.*
By Dr. R. V. STANFORD, Lieut.-Col. E. GOODALL and Dr. ROBERT KNOX
(Hon. Radiologist, King's College Hospital).

A communication was also made to the above Annual Meeting (and was similarly published) upon the *passage of a barium-sulphate meal in ten cases of Dementia Præcox*. This was illustrated by lantern slides. In six out of the ten cases there was delayed evacuation of, or retention of fæces in, the large bowel; in one case ptosis of the large bowel; the question of adhesions arose in two of the six cases. In five out of ten there was spasticity of the colon. This spasticity in involuntary muscle-fibre is interesting, in view of the like condition noted in respect of voluntary muscle in some cases (catatonia), of dementia præcox.

These observations are being continued.

3. *The Blood in Different Kinds of Insanity.* By Dr. H. A. SCHOLBERG,
Dr. CAMERON and Lieut.-Col. E. GOODALL.

The *biological behaviour of the blood in different kinds of insanity* has been investigated with reference to the position of patients suffering from the various kinds in the four groups in which individuals as a whole have been placed (as regards behaviour of corpuscles and serum).

The points under investigation are whether the form of insanity has any bearing upon the position of an individual in regard to the grouping, and whether, by the injection into rabbits' blood vessels of the corpuscles (or serum) of an individual in one group anti-substances are produced of a specific kind, which will react with the blood of individuals of that group but not (or to a definitely lesser degree) with that of individuals of another group—whereby group-distinctions could be established (in respect of hæmolysin, agglutinin, and precipitin). We have also, incidental to this research, in hand—the determination of the point whether evidence can be adduced to show that the blood of convalescents from acute mania contains anti-substances to some unknown toxic cause, which would go to prove the existence of such a cause.

4. *Investigations conducted during 1921 in the Chemical Laboratory.*
By Dr. R. V. STANFORD.

In previous reports attention has been drawn to the opportunity afforded by the exact quantitative chemical examination of the cerebrospinal fluid to provide new methods for the diagnosis and possibly the treatment of mental disease. Although this liquid is in such intimate contact with the brain, little is known either as to its normal composition and properties or as to its alteration in disease. In mental diseases its intimate association with the central nervous system makes its investigation of outstanding importance, and, as has been pointed out in former reports, the reason for our lack of knowledge is the absence of analytical methods capable of estimating the constituents of the fluid in the minute quantities obtainable. It has been necessary, therefore, to devise new methods delicate enough to give the required information in spite of the small quantity and extreme dilution of fluid accessible in ordinary circumstances.

Some of these methods have been referred to in a former report. The development of new ones, and the routine application of both old and new in a large number of cases has been the chief work of the laboratory during the past year.

The method for the estimation of the total nitrogen, which was one of the first worked out, has now been applied in some hundreds of cases, and has repeatedly furnished information of diagnostic value. To it has now been added a method for the estimation of that portion present as amino-acid nitrogen, and its application in a considerable number of cases has

given the rather surprising result that almost always only a relatively small proportion of the nitrogenous substances can consist of amino-acids. The importance of this discovery will be referred to below.

The chief work of the year has been the application of a method for the estimation of the total carbon of the fluid. It is not possible to give a detailed account of it in this place, but it may be said that it permits the estimation of (a) the free carbon dioxide of the fluid ; (b) the carbon present in the form of inorganic carbonates ; (c) the carbon in organic combination. Of these, the first two have at the moment no very obvious significance, but the last, the total organic carbon, when considered in conjunction with the figures for the total nitrogen and the amino-acid nitrogen, promises to give an insight into the variation in the cerebrospinal fluid in mental disease which will fully justify the expectations on which the whole series of researches has been based.

The analyses of the total nitrogen, amino nitrogen, total carbon, etc., are all done on one and the same sample of fluid, and the number of cases which has now been dealt with in this complete way is large enough to point to a definite connection between the composition of the fluid and certain forms of mental disorder, and to show the way to the identification of actual substances which may be associated with mental diseases in a specific manner. It may become possible to find substances in the cerebrospinal fluid which point to an individual mental ailment as specifically as the finding of glucose in urine points to the disease known as diabetes. In mental, as in other diseases, accurate diagnosis is a necessary step towards rational treatment.

Whilst the principal work of the laboratory has been the series of researches above described, other problems have had attention. A good deal of work of a preliminary nature has been done in connection with the possibility of separating and purifying of the cerebrosides which are important constituents of the substance of the brain.

Several of the methods and results above described are now ready for publication, and will appear shortly.

5. *Investigations.* By Dr. JAMES WALKER.

1. *The Urea Concentration tests in the Psychoses.*—Details of this research were published in the *Lancet* last year. The following is the summary of the results as published :—

(a) The urea concentration in the blood in the cases examined is subject to wide variations, and therefore is an unreliable guide as to the state of health of the kidneys.

(b) The urea concentration in the urine gives more reliable information. A low concentration should be regarded as a confirmation of other evidence.

(c) Anomalous results, both as regards urea concentration in the blood and urine, apart from kidney disease are, as demonstrated by available methods, common in the psychoses.

(d) In dementia præcox a low concentration of urea in the urine is found to co-exist with polyuria and a state of acidosis.

2. *The Basal Metabolic Rate in Dementia Præcox.*—The Haldane-Douglas Bag method of indirect calorimetry was employed. A paper on this work has been prepared for publication. Twenty-two cases of mental disorder, including seventeen cases of dementia præcox, have been examined. As regards mental disorder, this method of investigation meets with obstacles which limit its useful purpose considerably. It can be performed with any degree of accuracy in only certain types, such as dementia præcox.

Briefly stated, the following were the conclusions arrived at :—

(1) In 56 per cent. of the cases of dementia præcox the basal metabolism was within the normal limits of health (\pm 10 per cent. deviation allowed).

(2) In the remainder the rate was either above or below the normal limits.

(3) It is not conclusively shown that there is any deviation from what is found in health.

(4) The above results agree with those of Von Graefe concerning cases of stupor.

(5) The respiratory quotient was constantly lower (0·74) than the average normal (0·85).

(6) The respiratory exchange was diminished; *i.e.*, there was a constant diminution of the amount of expired air in a given time.

(7) Conclusions 5 and 6 may support the hypothesis that there is a diminution of oxidation-processes in the tissues of cases of dementia præcox, which, however, appears to be compensated for in order that the basal requirements of the body may be maintained.

3. *The Reaction of the Urine in 120 Cases of Mental Disorder.*—The only satisfactory method is to determine the hydrogen-ion concentration. The colorimetric method was employed.

Specimens were collected and examined at fixed hours during the day, viz., 7 a.m., 2 p.m., 6 p.m. About 1,000 specimens of urine were examined in this way.

The results are embodied in a paper prepared for publication, and are as follows :—

In all cases the reaction was within the wide normal limits of PH. 4·9, and PH. 7·4, usually between PH. 5·4 and PH. 6·8.

Most of the cases having the greater acidity in urine were cases of dementia præcox, and so far were possible cases of acidosis.

To confirm or disprove of this possibility, A. W. Sellard's "Alkali tolerance test" was employed.

In all except one case there was the normal response to the exhibition of alkali.

The conclusion arrived at was that there is neither a state of acidosis nor a diminution in the alkali-reserves of the tissues (buffer substances essential to maintain the reaction of the blood at a fixed point).

4. *Pallamine and other Methods of Treatment in Epilepsy.*—(1) The number of fits is diminished and their severity lessened by intra-muscular injection of 1 c.c. of colossal pallamine.

(2) Pot. bromide and sod. bicarbonate have a greater effect in controlling fits, but the mental state is unfortunately adversely affected.

(3) To exclude the possibility of psychical influences, such as the effect of the pricking of the needle in giving the intra-muscular injections, I have given 1 c.c. intra-muscular injection of sterilised distilled water to the same patients. Since doing this there has been a marked increase in the number of fits in the majority of the patients.

(5) *Dysentery.*—*Bacillus Dysenteriae* (Shiga) was isolated from the fæces of the one male case during the year. The morphology and sugar reactions were those of *bacillus Shigæ*, but negative agglutination results were obtained against standard sera. Dr. Goodall inoculated this organism into a rabbit from which it was recovered in pure growth, and showing the same cultural reactions.

TABLE I.

ANNUAL RETURN of INSANE PERSONS confined in INSTITUTIONS, and in PRIVATE SINGLE CHARGE

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.	NUMBER OF PATIENTS, 1st JANUARY 1921.				ADMISSIONS DURING THE YEAR 1921.												DISCHARGES DURING THE YEAR 1921.										
	PRIVATE (including all Criminal Patients).	P A U P E R .		Total Number of Lunatics.	Total Number.			Of the Total Number.										Total Number.			Of the Total Number.						
								Private (including Criminal Patients).	Re-admissions known to have been at some previous time in the Mental Hospitals, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890. Section 38 (1).	Transfers from other Institutions for the Insane.		Of the Number of Transfers.		Private (including Criminal Patients).	Private (including Criminal Patients).	Discharged Recovered.	Of the Number Discharged Recovered.										
M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.				
COUNTY AND DISTRICT MENTAL HOSPITALS.																											
Beds, Herts and Hunts - -	134	68	286	379	867	119	207	326	5	4	10	21	45	117	3	2	36	40	76	8	2	30	34	6	-		
Berks, Reading C.B., Newbury B., and New Windsor B.	41	1	288	474	804	74	67	141	4	-	5	9	4	4	2	-	26	34	60	4	-	10	20	1	-		
Brecon, Radnor, and Montgomery C.	36	7	121	139	303	78	116	194	3	1	9	8	42	75	-	-	29	17	46	13	1	7	6	-	-		
Bucks - - - - -	54	24	264	378	720	88	133	221	8	6	17	25	4	5	4	-	40	74	114	13	7	24	51	6	2		
Cambridge C., Isle of Ely, and Cam- bridge B.	21	6	162	369	558	63	66	129	3	6	19	17	1	2	1	-	27	35	62	10	3	19	29	5	2		
Carmarthen, Cardigan, and Pem- broke C.	38	17	264	261	580	66	57	123	1	4	18	5	1	1	-	-	41	55	76	15	7	26	24	8	1		
Chester C., Birkenhead C.B., Stock- port C.B.(part),and Wallasey C.B.:																											
Chester - - - - -	103	45	454	677	1,279	162	194	356	14	23	26	37	3	10	-	5	59	84	143	21	14	44	62	12	8		
Parkside - - - - -	96	74	401	548	1,119	111	137	248	11	40	20	23	9	25	6	19	42	66	108	17	14	22	37	7	8		
Cornwall - - - - -	64	39	436	483	1,022	82	129	211	3	7	17	32	4	4	2	2	46	71	117	15	10	31	52	4	8		
Cumberland, Westmorland, and Carlisle C.B.	58	40	379	349	826	59	71	130	3	5	6	13	1	4	1	3	31	35	66	11	6	15	22	3	-		
Denbigh, Anglesey, Carnarvon, Flint, and Merioneth C.	81	33	392	428	934	103	127	230	5	6	25	16	2	3	-	-	54	57	111	12	8	45	51	11	6		
Derby C. - - - - -	30	1	315	358	704	104	101	205	6	1	22	25	6	2	1	-	59	89	148	11	-	19	39	6	-		
Devon - - - - -	69	20	344	645	1,078	124	158	282	10	13	9	19	9	17	3	5	51	83	134	14	8	21	53	8	2		
Dorset - - - - -	116	131	214	354	815	79	92	171	18	21	20	18	7	7	3	3	38	42	80	14	19	24	34	7	9		
Durham C. and Darlington C.B. -	92	6	503	602	1,203	174	196	370	3	2	18	35	2	5	-	-	56	113	169	13	1	11	45	1	1		
Essex and Colchester B.:																											
Brentwood - - - - -	92	3	459	892	1,446	190	278	468	3	-	31	61	11	16	3	-	79	137	216	19	1	38	49	2	1		
Severalls - - - - -	80	72	505	730	1,387	117	163	280	6	19	19	45	6	13	1	4	32	62	94	11	12	17	30	6	4		
Glamorgan and Merthyr Tydfil C.B.	110	22	803	708	1,643	241	181	422	8	-	41	29	14	6	3	-	98	89	187	24	10	59	58	9	3		
Gloucester C. and Gloucester C.B.	50	13	380	660	1,103	122	130	252	7	10	20	29	7	13	3	3	62	67	129	12	8	35	50	3	2		
Hants, Southampton C.B., and Bournemouth C.B.:																											
Knowle - - - - -	60	-	461	618	1,139	230	307	537	4	1	12	22	94	153	4	-	183	257	440	16	-	17	36	4	-		
Park Prewett - - - - -	-	-	-	-	-	204	335	539	3	-	4	4	189	315	2	-	1	2	3	-	-	-	1	-	-		
Hereford C. and Hereford B. -	20	8	174	271	473	35	29	64	6	1	8	6	1	2	-	-	13	17	30	1	2	7	8	-	-		
Herts - - - - -	54	-	274	472	800	46	103	149	2	1	6	21	4	5	1	1	32	49	81	11	1	20	34	9	-		
Kent and Gravesend B.:																											
Barming Heath - - - - -	83	2	614	929	1,628	156	193	349	1	-	22	36	5	16	1	-	125	103	228	19	1	51	78	9	-		
Chartham - - - - -	44	8	394	572	1,018	171	151	322	4	1	13	19	55	10	4	1	52	84	136	12	6	34	53	5	3		
Lancaster C., all the County- Boroughs, and Stockport C.B. (part):																											
Lancaster - - - - -	178	205	946	1,159	2,488	132	181	313	29	54	8	17	14	25	9	21	133	102	235	22	36	32	64	15	20		
Rainhill - - - - -	222	2	761	1,178	2,163	259	211	470	9	1	47	44	10	12	5	-	196	172	368	43	-	90	105	12	-		
o 0.13																											

TABLE I.

on the 1st January 1922, together with the Number of Admissions, Discharges, Deaths, &c., during the preceding Year.

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS.

	DEATHS DURING THE YEAR 1921.							NUMBER OF PATIENTS REMAINING, 1st JANUARY 1922.					Average Number Resident during 1921.	RECOVERY RATES.			MORTALITY RATES.			County, District, and County-Borough Mental Hospitals. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Sche- dule IV. of Lunacy Act, 1890.	
	Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients).		P A U P E R .		Total Number of Lunatics.		Proportion [per Cent.] of Recoveries during the Year 1921, to Admissions [excluding Transfers and Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1921.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1921.				
M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	Total.			
1	26	27	53	8	5	16	23	135	67	342	520	1,064	449	535	40·5	37·8	39·0	5·8	5·0	5·4	Beds, &c. Berks, &c. Brecon, &c.
2	35	36	71	2	—	19	18	47	1	295	471	814	338	472	14·5	32·3	22·9	10·4	7·6	8·8	
3	12	13	25	2	1	—	—	29	7	165	225	426	180	207	19·4	14·6	16·9	6·7	6·3	6·5	
4	48	42	90	9	3	36	31	54	26	264	393	737	325	416	28·6	39·8	35·4	14·8	10·1	12·1	Bucks. Cambridge C., &c.
5	18	17	35	1	—	12	10	21	9	180	380	590	194	389	31·7	45·3	38·7	9·3	4·4	6·0	
6	37	36	73	2	—	8	2	34	17	256	247	554	296	281	40·0	42·9	41·3	12·5	12·8	12·7	Carmarthen, &c.
7	70	74	144	13	8	28	30	106	59	484	699	1,348	580	745	27·7	33·7	30·9	12·1	9·9	10·9	Chester C., &c. : Chester. Parkside. Cornwall. Cumberland, &c.
8	59	56	115	9	4	44	39	99	101	408	536	1,144	499	629	21·6	33·0	27·6	11·8	8·9	10·2	
9	33	38	71	3	5	11	7	66	45	437	497	1,045	490	523	39·7	41·6	40·9	6·7	7·3	7·0	
10	36	33	69	1	2	36	33	52	34	377	358	821	434	383	25·9	32·8	29·6	8·3	8·6	8·4	
11	41	45	86	3	3	21	25	91	31	390	455	967	483	487	44·6	41·1	42·7	8·5	9·2	8·9	Denbigh, &c
12	39	39	78	2	—	25	29	35	1	316	331	683	356	356	19·6	39·4	29·6	11·0	11·0	11·0	Derby C. Devon. Dorset. Durham C., &c. Essex, &c. : Brentwood. Severalls.
13	66	85	151	9	3	19	17	71	25	349	630	1,075	418	672	18·3	38·1	29·1	15·8	12·6	13·9	
14	27	43	70	10	9	13	26	110	117	234	375	836	333	477	33·3	40·0	36·9	8·1	9·0	8·6	
15	87	60	147	5	—	48	33	109	7	517	624	1,257	612	605	6·4	23·6	15·4	14·2	9·9	12·1	
16	57	87	144	6	—	45	76	86	2	519	947	1,554	578	934	21·2	18·7	19·7	9·9	9·3	9·5	Glamorgan, &c. Gloucester C., &c.
17	51	42	93	6	4	43	33	75	75	544	786	1,480	597	837	15·3	20·0	18·0	8·5	5·0	6·5	
18	87	72	159	9	2	51	41	109	13	860	737	1,719	927	732	26·0	33·3	29·2	9·4	9·8	9·6	
19	42	42	84	3	2	10	14	52	17	396	677	1,142	438	680	30·4	42·7	36·6	9·6	6·2	7·5	
20	51	76	127	7	—	34	50	60	—	457	592	1,109	511	612	12·5	23·4	18·3	10·0	12·4	11·3	Hants., &c. : Knowle. Park Prewett. Hereford C., &c. Herts. Kent, &c. : Barming Heath. Chartham. Lancaster C., Boroughs. (part) C.B. : Lancaster. Rainhill.
21	4	7	11	—	—	2	2	5	—	194	326	525	43	63	—	—	—	—	—	—	
22	20	24	44	2	—	11	20	23	7	173	260	463	193	279	20·6	30·8	25·0	10·4	8·6	9·3	
23	22	31	53	4	1	15	25	45	3	275	492	815	317	484	47·6	34·7	38·6	6·9	6·4	6·6	
24	49	59	108	7	—	45	55	76	1	603	961	1,641	701	951	33·8	44·1	39·3	7·0	6·2	6·5	
25	43	67	110	2	—	24	42	42	12	472	568	1,094	460	579	29·3	37·6	33·9	9·3	11·6	10·6	
26	66	71	137	11	20	29	36	198	224	859	1,148	2,429	1,107	1,357	27·1	41·0	35·0	6·0	5·2	5·6	
27	100	97	197	22	—	68	63	210	2	736	1,120	2,068	968	1,163	36·1	52·8	43·5	10·3	8·3	9·2	

(continued.)

TABLE I.—continued.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—continued

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C.=County. C.B.=County-Borough. B.=Borough of Schedule IV. of Lunacy Act, 1890.	NUMBER OF PATIENTS, 1st JANUARY 1921.				ADMISSIONS DURING THE YEAR 1921.												DISCHARGES DURING THE YEAR 1921.										
	PRIVATE (including all Criminal Patients).		PAUPER		Total Number of Lunatics.	Of the Total Number.												Of the Total Number.									
						Total Number.			Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Mental Hospital, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institutions for the Insane.		Of the Number of Transfers. Private (including Criminal Patients).		Total Number.	Private (including Criminal Patients).		Discharged Recovered.		Of the Number Discharged Recovered. Private (including Criminal Patients).					
	M.	F.	M.	F.		M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.		
Lancaster C., all the County-Boroughs, and Stockport C.B. (part)—cont.																											
Prestwich - - - - -	278	16	909	1,377	2,580	342	272	614	15	-	30		63	33	25	12	-	120	159	279	31	-	92	127	27	-	-
Whittingham - - - - -	123	2	1,044	1,435	2,604	460	332	792	4	-	65		57	5	6	2	-	309	196	505	49	2	96	126	32	-	-
Winwick - - - - -	-	-	90	-	90	216	240	456	-	-	-		35	216	5	-	-	1	9	10	-	-	-	3	-	-	-
Leicester C. and Rutland - - - - -	35	23	213	284	555	69	88	157	1	-	6		17	2	6	-	-	28	39	67	5	2	19	27	3	2	-
Lincoln C. (Lindsey and Holland Divi- sions), Grimsby C.B., Lincoln C.B.	38	1	369	483	891	110	120	230	7	-	11		21	13	7	2	-	46	61	107	12	1	31	45	6	-	-
Lincoln C. (Kesteven Division) - - -	23	17	211	213	464	23	44	67	1	5	4		7	2	2	-	1	24	20	44	1	3	12	13	1	2	-
London C.: Banstead - - - - -	137	20	852	1,355	2,364	244	286	530	1	-	39		56	3	24	1	-	154	208	362	31	8	71	93	18	2	-
Bexley - - - - -	93	19	911	1,105	2,128	137	114	251	4	-	22		19	10	9	3	-	88	111	199	15	4	38	25	8	-	-
Cane Hill - - - - -	124	13	761	1,278	2,176	210	161	371	4	1	37		47	3	3	-	-	116	139	255	24	4	45	46	13	-	-
Claybury - - - - -	221	22	843	1,466	2,552	211	219	430	8	-	35		44	13	14	5	-	107	149	256	31	4	64	94	13	-	-
Colney Hatch - - - - -	95	19	948	1,541	2,603	276	299	575	10	-	27		33	12	11	3	-	142	206	348	22	7	51	75	7	-	-
Epileptic Colony (a) - - - - -	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hanwell - - - - -	120	23	870	1,468	2,481	231	265	496	4	1	41		53	12	13	4	-	117	155	272	25	6	63	98	16	1	-
Horton - - - - -	-	152	131	572	855	64	715	779	-	8	-		51	64	470	-	6	8	102	110	-	25	-	45	-	3	-
Long Grove - - - - -	163	20	869	1,019	2,071	184	211	395	2	2	27		41	9	11	2	-	76	172	248	15	15	23	47	7	3	-
Manor - - - - -	-	-	16	90	106	-	10	10	-	-	-		-	-	10	-	-	16	100	116	-	-	-	4	-	-	-
Middlesex: Wandsworth - - - - -	77	8	392	706	1,183	145	210	355	8	7	20		25	16	15	5	2	82	120	202	13	6	72	96	8	4	-
Napsbury - - - - -	58	17	594	981	1,650	171	266	437	3	8	30		55	19	37	1	4	65	178	243	13	4	38	115	5	1	-
Monmouth C. - - - - -	57	33	446	435	971	100	63	163	3	6	15		15	6	4	-	2	45	38	83	19	6	18	21	2	2	-
Norfolk - - - - -	54	1	295	518	868	114	121	235	5	-	13		15	6	7	3	-	53	71	124	10	-	38	55	5	-	-
Northampton C. - - - - -	39	14	323	503	879	100	89	189	13	4	4		15	3	8	2	-	22	50	72	8	2	10	22	2	1	-
Northumberland and Tynemouth C.B.	45	-	418	347	810	111	93	204	3	1	17		21	6	5	2	-	125	122	247	16	-	34	42	3	-	-
Nottingham C. - - - - -	21	2	200	332	555	53	86	139	1	1	11		22	3	5	1	-	23	48	71	2	2	18	33	1	-	-
Oxford C., and Oxford C.B. (a) - - -	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Salop, Shrewsbury B., and Wen- lock B. - - - - -	52	27	279	470	828	84	111	195	5	12	7		18	3	11	1	-	48	61	109	7	6	24	33	6	2	-
Somerset and Bath C.B.: Wells - - -	28	15	271	437	751	71	91	162	2	-	5		17	2	9	-	-	29	44	73	11	3	22	23	9	1	-
Cotford - - - - -	42	25	235	367	669	76	102	178	3	3	14		21	5	15	1	-	31	47	78	14	8	21	29	8	4	-
Stafford C., Burton - on - Trent C.B., Smethwick C.B., Stoke-on- Trent C.B. (part), and Newcastle- under-Lyme B.: - - - - -																											
Stafford - - - - -	50	-	380	423	853	96	118	214	1	-	3		18	3	4	-	-	51	50	101	8	-	26	33	3	-	-
Burntwood - - - - -	60	-	372	436	868	124	118	242	1	-	23		16	4	1	1	-	72	53	125	9	-	18	21	-	-	-
Cheddleton - - - - -	62	9	415	399	885	143	127	270	5	2	12		17	46	19	4	1	41	65	106	14	6	29	40	9	3	-
Suffolk, E. and W. - - - - -	39	6	362	477	884	86	99	185	4	-	18		26	4	6	2	-	40	57	97	9	2	6	8	2	-	-
Surrey and (for Brookwood) Guild- ford B.: Brookwood - - - - -	21	-	394	661	1,076	172	310	482	4	1	14		25	57	146	3	1	75	135	210	7	1	25	53	3	-	-
Netherne - - - - -	87	51	286	584	1,008	164	133	297	10	21	6		12	26	16	1	7	120	209	329	50	17	34	56	11	8	-
Sussex, East - - - - -	66	44	414	607	1,131	102	183	285	5	9	14		27	4	11	1	-	69	88	157	17	16	40	73	3	9	-
West - - - - -	19	8	208	340	575	61	82	143	14	12	10		16	10	8	6	4	21	49	70	7	4	18	38	5	2	-
Warwick C., Coventry C.B., and Warwick B. - - - - -	75	49	391	576	1,091	108	182	290	10	14	13		32	3	12	1	3	54	96	150	18	11	34	45	13	3	-
Wight, Isle of - - - - -	18	44	90	174	326	31	42	73	5	7	2		11	2	-	-	-	13	23	36	4	4	9	19	2	2	-
Wilts - - - - -	37	23	364	495	919	71	92	163	1	-	10		17	4	7	1	-	26	68	94	5	4	21	57	5	2	-

TABLE I.—continued.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—continued.

DEATHS DURING THE YEAR 1921.			NUMBER OF PATIENTS REMAINING, 1st JANUARY 1922.								RECOVERY RATES.			MORTALITY RATES.			County, District, and County-Borough Mental Hospitals. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.				
Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients). PAUPER. Total Number of Lunatics.				Average Number Resident during 1921.		Proportion [per Cent.] of Recoveries during the Year 1921, to Admissions [excluding Transfers and Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1921.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1921.					
			Private (including Criminal Patients).		Number of Post-mortem Examinations made.																
M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.		F.	Total.		
1	146	82	228	24	1	54	26	296	13	967	1,411	2,687	1,238	1,427	29.8	51.4	39.4	11.8	5.8	8.6	Lancaster C., all the County-Boroughs, and Stockport C.B. (part)—cont. Prestwich. Whittingham. Winwick.
2	128	108	236	12	—	49	34	136	1	1,054	1,464	2,655	1,256	1,492	21.1	38.7	28.5	10.2	7.2	8.6	
3	2	11	13	—	—	—	1	—	—	303	220	523	102	55	(b) —	—	—	—	—	—	
4	31	16	47	3	2	31	16	36	24	222	316	598	258	327	28.8	36.0	32.6	12.0	4.9	8.0	Leicester C. and Rutland. Lincoln C. (Lindsey and Holland Divisions), Grimsby C.B., and Lincoln C.B. Lincoln C. (Kesteven Division). London C.: Banstead. Bexley. Cane Hill. Claybury. Colney Hatch. Epileptic Colony.(a) Hanwell. Horton. Long Grove. Manor.
5	55	44	99	4	—	31	29	43	—	373	499	915	416	499	32.0	39.8	36.2	13.2	8.8	10.8	
6	10	23	33	2	—	8	19	22	18	201	213	454	227	232	57.1	31.0	39.7	4.4	9.9	7.2	
7	91	89	180	10	2	76	73	161	20	827	1,344	2,352	1,002	1,368	29.5	35.6	32.7	9.1	6.5	7.6	Middlesex: Wandsworth. Napsbury. Monmouth C. Norfolk. Northampton C. Northumberland and Tynemcuth C.B. Nottingham C. Oxford C., and Oxford C.B.(a) Salop, Shrewsbury B., and Wenlock B. Somerset and Bath C.B.: Wells. Cotford.
8	72	53	125	8	2	66	50	103	18	878	1,056	2,055	1,000	1,079	29.9	23.8	27.2	7.2	4.9	6.0	
9	83	63	146	8	1	78	61	125	17	771	1,233	2,146	898	1,273	21.8	29.1	25.0	9.2	5.0	6.7	
10	78	84	162	12	—	67	77	232	23	858	1,451	2,564	1,071	1,464	32.3	45.9	39.2	7.3	5.7	6.4	Stafford C., Burton-on-Trent C.B., Smethwick C.B., Stoke-on-Trent, C.B. (part), and Newcastle-under-Lyme B.: Stafford. Burntwood. Cheddleton. Suffolk, E. and W. Surrey and (for Brookwood) Guildford B.: Brookwood. Netherne. Sussex, East. „ West. Warwick C., Coventry C.E., and Warwick B. Wight, Isle of. Wilts.
11	134	95	229	14	3	108	77	98	15	945	1,543	2,601	1,036	1,552	19.4	26.0	22.9	12.9	6.1	8.8	
12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13	89	79	168	15	—	83	71	113	20	902	1,502	2,537	1,003	1,511	28.8	38.9	34.2	8.9	5.3	6.7	Stafford C., Burton-on-Trent C.B., Smethwick C.B., Stoke-on-Trent, C.B. (part), and Newcastle-under-Lyme B.: Stafford. Burntwood. Cheddleton. Suffolk, E. and W. Surrey and (for Brookwood) Guildford B.: Brookwood. Netherne. Sussex, East. „ West. Warwick C., Coventry C.E., and Warwick B. Wight, Isle of. Wilts.
14	1	65	66	—	6	1	50	—	150	186	1,122	1,458	166	958	—	18.4	18.4	0.6	6.8	5.9	
15	70	57	127	10	2	67	55	193	13	877	1,008	2,091	1,053	1,018	13.1	23.5	18.7	6.6	5.6	6.1	
16	—	—	—	—	—	—	—	Institution closed 31st December 1921.					16	86	—	—	—	—	—	—	—
17	44	65	109	4	1	22	24	85	10	403	729	1,227	479	727	55.8	49.2	51.9	9.2	8.9	9.0	Stafford C., Burton-on-Trent C.B., Smethwick C.B., Stoke-on-Trent, C.B. (part), and Newcastle-under-Lyme B.: Stafford. Burntwood. Cheddleton. Suffolk, E. and W. Surrey and (for Brookwood) Guildford B.: Brookwood. Netherne. Sussex, East. „ West. Warwick C., Coventry C.E., and Warwick B. Wight, Isle of. Wilts.
18	60	46	106	7	1	52	42	60	23	638	1,017	1,738	673	1,030	25.0	50.2	40.2	8.9	4.5	6.2	
19	49	23	72	4	3	36	15	60	32	449	438	979	508	467	19.4	35.6	25.7	9.6	4.9	7.4	
20	38	47	85	5	—	9	15	54	1	313	521	894	365	523	35.2	48.2	41.9	10.4	9.0	9.6	Stafford C., Burton-on-Trent C.B., Smethwick C.B., Stoke-on-Trent, C.B. (part), and Newcastle-under-Lyme B.: Stafford. Burntwood. Cheddleton. Suffolk, E. and W. Surrey and (for Brookwood) Guildford B.: Brookwood. Netherne. Sussex, East. „ West. Warwick C., Coventry C.E., and Warwick B. Wight, Isle of. Wilts.
21	38	44	82	3	4	26	24	55	11	347	501	914	386	512	10.4	27.2	18.1	9.8	8.6	9.1	
22	64	29	93	5	—	3	6	31	1	354	288	674	391	296	32.4	47.7	39.4	16.4	9.8	13.5	
23	23	28	51	2	—	19	28	25	1	203	343	572	226	335	36.0	40.7	38.9	10.2	8.4	9.1	Stafford C., Burton-on-Trent C.B., Smethwick C.B., Stoke-on-Trent, C.B. (part), and Newcastle-under-Lyme B.: Stafford. Burntwood. Cheddleton. Suffolk, E. and W. Surrey and (for Brookwood) Guildford B.: Brookwood. Netherne. Sussex, East. „ West. Warwick C., Coventry C.E., and Warwick B. Wight, Isle of. Wilts.
24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
25	45	51	96	4	5	13	15	52	33	270	463	818	330	494	29.6	33.0	31.5	13.6	10.3	11.7	
26	29	43	72	3	—	17	24	24	15	288	441	768	312	464	31.9	28.0	29.8	9.3	9.3	9.3	Stafford C., Burton-on-Trent C.B., Smethwick C.B., Stoke-on-Trent, C.B. (part), and Newcastle-under-Lyme B.: Stafford. Burntwood. Cheddleton. Suffolk, E. and W. Surrey and (for Brookwood) Guildford B.: Brookwood. Netherne. Sussex, East. „ West. Warwick C., Coventry C.E., and Warwick B. Wight, Isle of. Wilts.
27	26	46	72	3	1	19	42	44	21	252	380	697	287	396	29.6	33.3	31.6	9.1	11.6	10.5	
28	40	45	85	3	—	24	18	55	—	380	446	881	440	443	28.0	28.9	28.5	9.1	10.2	9.6	
29	59	47	106	2	—	55	38	68	—	357	454	879	440	450	15.0	17.9	16.5	13.4	10.4	11.9	Stafford C., Burton-on-Trent C.B., Smethwick C.B., Stoke-on-Trent, C.B. (part), and Newcastle-under-Lyme B.: Stafford. Burntwood. Cheddleton. Suffolk, E. and W. Surrey and (for Brookwood) Guildford B.: Brookwood. Netherne. Sussex, East. „ West. Warwick C., Coventry C.E., and Warwick B. Wight, Isle of. Wilts.
30	41	43	84	1	—	38	36	65	9	473	418	965	498	421	29.9	37.0	33.7	8.2	10.2	9.1	
31	30	42	72	1	1	—	—	42	4	375	479	900	415	489	7.3	8.6	8.0	7.2	8.6	8.0	
32	22	38	60	—	—	3	9	30	—	460	798	1,288	450	754	21.7	32.3	28.0	4.9	5.0	5.0	Stafford C., Burton-on-Trent C.B., Smethwick C.B., Stoke-on-Trent, C.B. (part), and Newcastle-under-Lyme B.: Stafford. Burntwood. Cheddleton. Suffolk, E. and W. Surrey and (for Brookwood) Guildford B.: Brookwood. Netherne. Sussex, East. „ West. Warwick C., Coventry C.E., and Warwick B. Wight, Isle of. Wilts.
33	37	41	78	14	3	17	23	103	61	277	457	898	363	562	24.6	47.9	35.3	10.2	7.3	8.4	
34	47	86	133	5	7	30	51	67	38	399	622	1,126	485	663	40.8	42.4	41.9	9.7	13.0	11.6	
35	17	22	39	2	2	17	22	30	17	220	342	609	245	357	35.3	51.4	44.8	6.9	6.2	6.5	Stafford C., Burton-on-Trent C.B., Smethwick C.B., Stoke-on-Trent, C.B. (part), and Newcastle-under-Lyme B.: Stafford. Burntwood. Cheddleton. Suffolk, E. and W. Surrey and (for Brookwood) Guildford B.: Brookwood. Netherne. Sussex, East. „ West. Warwick C., Coventry C.E., and Warwick B. Wight, Isle of. Wilts.
36	37	41	78	4	3	21	23	73	46	410	624	1,153	465	646	32.4	26.6	28.8	8.0	6.3	7.0	
37	9	21	30	3	4	3	14	18	43	99	173	333	112	214	31.0	45.2	39.4	8.0	9.8	9.2	
38	35	38	73	3	—	28	27	40	20	371	484	915	405	517	31.3	67.1	51.3	8.6	7.3	7.9	

(a) Has been temporarily loaned to the Ministry of Pensions for use as a Neurological Hospital.

(b) This Institution having been used during the year as a War hospital, the percentages are not given.

(continued.)

TABLE I.—continued.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—continued

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.	NUMBER OF PATIENTS, 1st JANUARY 1921.					ADMISSIONS DURING THE YEAR 1921.												DISCHARGES DURING THE YEAR 1921.									
	PRIVATE (including all Criminal Patients).	PAUPER.	Total Number of Lunatics.	Of the Total Number.												Total Number.	Of the Total Number.										
				Total Number.	Private (including Criminal Patients).	Re-admissions known to have been at some previous time in the Mental Hospital, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).	Transfers from other Institutions for the Insane.		Of the Number of Transfers.		Private (including Criminal Patients).	Discharged Recovered.	Of the Number Discharged Recovered.														
							M.	F.	M.	F.				M.	F.		M.	F.	M.	F.	M.	F.	M.	F.			
M.	F.	M.	F.		M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.			
Worcester C., and (for Powick) Dudley C.B., and Worcester C.B.: Powick - - - -	44	7	325	550	926	89	77	166	5	1	8	7	35	23	-	-	37	50	87	5	1	9	22	1	1	1	
Barnsley Hall - - - -	58	77	236	375	746	73	90	163	29	37	6	8	11	9	5	4	23	97	120	12	28	9	32	6	14	2	
Yorks, North Riding - - -	29	31	302	363	725	65	85	150	1	5	17	15	2	4	-	-	40	40	80	9	11	22	25	3	6	3	
Yorks, West Riding, and (except for Scalebor Park) Barnsley, Bradford, Dewsbury, Halifax, Huddersfield, Leeds, Rotherham, Sheffield, and Wakefield C.B., and (for Wadsley and Storthes Hall) Doncaster B.:																											
Wakefield - - - - -	156	4	1,095	1,029	2,284	235	234	469	6	2	60	29	9	6	3	-	298	343	641	45	-	35	53	3	-	4	
Wadsley - - - - -	-	-	13	183	196	530	787	1,317	39	5	51	109	396	638	37	5	66	145	211	2	-	38	103	1	-	5	
Menston - - - - -	135	48	791	919	1,893	202	280	482	8	11	39	57	19	16	4	2	158	169	327	30	9	72	82	18	3		
Scalebor Park - - - - -	98	145	-	-	243	50	59	109	50	59	8	14	5	4	5	4	32	51	83	32	51	17	32	17	32		
Storthes Hall - - - - -	77	3	649	915	1,644	151	168	319	1	3	17	35	28	13	1	2	150	386	536	13	-	30	63	2	-		
Yorks, East Riding - - - -	21	14	202	230	467	34	58	92	5	5	6	12	4	6	1	2	17	36	53	4	6	13	26	4	3		
COUNTY-BOROUGH MENTAL HOSPITALS (including City of London).																											
Birmingham: Winson Green -	95	24	298	366	783	207	281	488	3	1	29	49	2	3	1	1	195	237	432	44	7	71	99	6	4	10	
Rubery Hill - - - - -	38	-	257	265	560	136	190	326	29	-	2	9	100	156	29	-	19	18	37	2	-	2	3	-	-	11	
Brighton - - - - -	38	32	238	458	766	94	133	227	2	3	11	26	11	7	1	1	49	84	133	19	12	25	49	6	6	12	
Bristol - - - - -	39	20	285	422	766	95	104	199	9	6	15	8	11	4	5	2	43	71	114	9	6	23	46	4	3	13	
Canterbury - - - - -	17	24	62	60	163	13	19	32	3	7	2	4	2	3	2	1	5	5	10	2	1	2	1	1	-	14	
Cardiff - - - - -	26	1	238	294	559	105	73	178	20	2	17	21	20	8	16	1	47	110	157	10	2	33	27	6	1	15	
Croydon - - - - -	55	82	194	426	757	53	82	135	13	20	9	14	3	5	1	2	26	66	92	13	13	20	39	9	5	16	
Derby - - - - -	24	30	133	200	387	33	51	84	7	8	5	14	4	4	2	1	26	27	53	9	4	16	21	4	3	17	
Exeter - - - - -	41	48	76	120	285	27	47	74	10	7	4	6	-	3	-	1	19	25	44	11	10	7	11	3	2	18	
Gateshead - - - - -	14	-	103	101	218	26	28	54	1	-	7	5	2	2	-	-	13	14	27	3	-	10	10	2	-	19	
Hull - - - - -	33	19	221	290	563	81	88	169	4	3	12	15	3	8	1	-	35	45	80	7	4	16	26	2	2	20	
Ipswich - - - - -	29	29	102	129	289	33	44	77	7	12	8	13	5	2	1	1	15	15	30	5	4	11	8	2	-	21	
Leicester - - - - -	39	25	292	462	818	63	79	142	-	5	7	16	3	14	-	-	19	51	70	6	3	15	42	5	1	22	
London (City of) - - - - -	117	240	127	112	596	58	65	123	30	47	10	22	18	18	17	16	26	53	79	14	33	9	19	2	13	23	
Middlesbrough - - - - -	41	14	137	154	346	72	66	138	5	6	7	16	12	8	4	-	30	26	56	5	7	25	18	5	5	24	
Newcastle-upon-Tyne - - -	20	-	247	198	465	226	215	441	29	8	35	42	103	98	17	1	28	21	49	8	1	15	16	6	1	25	
Newport - - - - -	14	9	113	164	300	34	36	70	6	4	1	7	2	4	2	1	12	27	39	5	3	6	18	2	3	26	
Norwich - - - - -	31	-	144	274	449	49	64	113	2	-	8	16	2	2	2	-	23	32	55	9	-	10	10	1	-	27	
Nottingham - - - - -	52	33	331	428	844	73	147	220	8	4	15	30	4	3	2	1	31	66	97	7	3	24	59	5	2	28	
Plymouth - - - - -	45	26	177	251	499	74	66	140	5	6	13	12	2	3	-	1	37	38	75	14	6	23	20	13	4	29	
Portsmouth - - - - -	76	88	298	488	950	80	122	202	19	39	6	14	8	14	4	6	136	201	337	16	18	34	38	13	11	30	
Sunderland - - - - -	39	14	232	201	486	58	35	93	2	1	7	6	1	4	-	2	73	53	126	13	5	24	17	5	-	31	
West Ham - - - - -	57	1	383	507	948	106	122	228	8	-	23	26	13	12	4	-	57	101	158	9	-	36	67	7	-	32	
York - - - - -	21	6	137	163	327	38	51	89	4	5	10	9	4	6	1	4	16	18	34	5	2	12	10	4	1	33	
TOTAL - - - - -	6,102	2,664	35,198	49,684	93,648	11,612	14,253	25,865	716	679	1,552	2,307	2,023	2,939	300	162	5,899	8,235	14,134	1,300	610	2,623	4,017	583	263	34	

(a)

(b)

(c)

(a) In addition to these numbers, 1,943 patients (1,578 males and 365 females) were transferred, while resident during 1921, from the

(c)

(a) In addition to these numbers, 1,943 patients (1,578 males and 365 females) were transferred, while resident during 1921, from the Pauper to the Private Class.

(b) In addition to these numbers, 37 patients (16 males and 21 females) were re-admitted on fresh Reception Orders rendered necessary by previous Orders having expired under sec. 38 (1) of the Lunacy Act, 1890.

(c) In addition to these numbers, 247 patients (85 males and 162 females) were transferred, while resident during 1921, from the Private to the Pauper Class; and 56 Criminal (Private) Patients (46 males and 10 females) were retained in the Institution as Pauper Patients on their ceasing to be "Criminals" during the same year.

(d) 4,991 of these patients were ex-Service men paid for by the Ministry of Pensions, and classed as "Service" patients.

(e) This Institution having been used during the year as a War Hospital, the percentages are not given.



TABLE I.—continued.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—continued.

	DEATHS DURING THE YEAR 1921.							NUMBER OF PATIENTS REMAINING, 1st JANUARY 1922.					Average Number	RECOVERY RATES.			MORTALITY RATES.			County, District, and County-Borough Mental Hospitals. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Schedule IV of Lunacy Act, 1890.	
	Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients).		PAUPER.		Total Number of Lunatics.		Proportion [per Cent.] of Recoveries during the Year 1921, to Admissions [excluding Transfers and Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1921.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1921.				
	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.	M.	F.	Total.	M.	F.		Total.
1	25	29	54	—	—	21	24	49	8	347	547	951	387	556	16·7	40·7	28·7	6·5	5·2	5·7	Worcester C., and (for Powick) Dudley C.B., and Worcester C.B.: Powick. Barnsley Hall.
2	15	29	44	4	8	14	21	70	76	259	340	745	316	430	14·5	39·5	28·7	4·7	6·7	5·9	
3	31	20	51	2	—	17	13	27	31	298	388	744	326	403	34·9	30·9	32·6	9·5	5·0	7·0	
4	109	64	173	9	—	98	51	138	6	941	854	1,939	1,118	870	15·5	23·2	19·4	9·7	7·4	8·7	Yorks, North Riding. Yorks, West Riding, and (except for Scalebor Park) Barnsley, Bradford, Dewsbury, Halifax, Huddersfield, Leeds, Rotherham, Sheffield, and Wakefield C.B., and (for Wadsley and Storthes Hall) Doncaster B.: Wakefield. Wadsley. Menston. Scalebor Park. Storthes Hall.
5	33	41	74	1	—	28	38	40	5	404	779	1,228	330	672	(e) —	—	—	—	—	—	
6	71	96	167	7	5	34	43	145	44	754	938	1,881	901	955	39·3	31·1	34·5	7·9	10·1	9·0	
7	13	17	30	13	17	—	—	103	136	—	—	239	96	139	37·8	58·2	49·0	13·5	12·2	12·8	Yorks, East Riding. COUNTY-BOROUGH MENTAL HOSPITALS (including City of London). Birmingham: Winson Green. Rubery Hill. Brighton. Bristol. Canterbury. Cardiff. Croydon. Derby. Exeter. Gateshead. Hull. Ipswich. Leicester. London (City of). Middlesbrough. Newcastle-upon-Tyne. Newport. Norwich. Nottingham. Plymouth. Portsmouth. Sunderland. West Ham. York.
8	79	70	149	1	—	53	43	77	6	571	624	1,278	652	696	24·4	40·6	33·5	12·1	10·1	11·1	
9	18	22	40	2	2	12	17	21	13	201	231	466	221	245	43·3	50·0	47·5	8·1	9·0	8·6	
10	56	64	120	9	1	53	32	72	21	277	349	719	385	389	34·8	35·7	35·3	14·5	16·5	15·5	London (City of). Middlesbrough. Newcastle-upon-Tyne. Newport. Norwich. Nottingham. Plymouth. Portsmouth. Sunderland. West Ham. York.
11	17	10	27	3	—	12	9	73	—	322	427	822	346	349	5·6	9·1	7·2	4·9	2·9	3·9	
12	23	46	69	2	5	11	27	40	32	258	461	791	285	495	30·1	38·9	35·4	8·1	9·3	8·8	
13	47	50	97	10	5	43	46	40	17	289	408	754	333	445	27·4	46·0	37·5	14·1	11·2	12·5	London (City of). Middlesbrough. Newcastle-upon-Tyne. Newport. Norwich. Nottingham. Plymouth. Portsmouth. Sunderland. West Ham. York.
14	4	10	14	1	4	3	8	17	25	66	63	171	80	88	18·2	6·3	11·1	5·0	11·4	8·3	
15	24	13	37	4	—	18	9	48	2	250	243	543	291	256	38·8	41·5	40·0	8·2	5·1	6·8	
16	23	37	60	9	8	2	4	47	81	206	406	740	248	504	40·8	50·6	46·8	9·3	7·3	8·0	London (City of). Middlesbrough. Newcastle-upon-Tyne. Newport. Norwich. Nottingham. Plymouth. Portsmouth. Sunderland. West Ham. York.
17	10	14	24	2	4	10	13	26	27	128	213	394	156	241	55·2	44·7	48·7	6·4	5·8	6·0	
18	8	29	37	1	6	3	9	41	41	76	120	278	115	170	26·9	25·0	25·7	7·0	17·1	13·0	
19	3	9	12	—	—	—	6	18	—	109	106	233	122	103	43·5	38·5	40·8	2·5	8·7	5·3	London (City of). Middlesbrough. Newcastle-upon-Tyne. Newport. Norwich. Nottingham. Plymouth. Portsmouth. Sunderland. West Ham. York.
20	38	35	73	5	—	29	27	34	17	228	300	579	259	315	20·5	32·5	26·6	14·7	11·1	12·7	
21	9	10	19	1	2	1	1	31	27	109	150	317	136	171	39·3	19·5	27·5	6·6	5·9	6·2	
22	30	19	49	3	2	27	18	42	27	303	469	841	341	506	25·0	64·6	45·6	8·8	3·8	5·8	London (City of). Middlesbrough. Newcastle-upon-Tyne. Newport. Norwich. Nottingham. Plymouth. Portsmouth. Sunderland. West Ham. York.
23	18	14	32	10	8	5	6	124	234	134	116	608	254	337	22·5	40·4	32·2	7·1	4·2	5·4	
24	24	12	36	5	5	5	4	45	9	151	187	392	192	186	41·7	31·0	36·4	12·5	6·4	9·5	
25	23	35	58	4	1	10	23	47	8	395	349	799	418	333	12·2	13·7	12·9	5·5	10·5	7·7	London (City of). Middlesbrough. Newcastle-upon-Tyne. Newport. Norwich. Nottingham. Plymouth. Portsmouth. Sunderland. West Ham. York.
26	13	10	23	2	—	4	4	19	10	117	162	308	128	168	18·8	56·3	37·5	10·2	6·0	7·8	
27	23	17	40	1	—	14	12	29	—	149	289	467	174	284	21·3	16·4	18·5	13·2	6·0	8·7	
28	32	39	71	7	2	12	16	58	31	335	472	896	386	480	34·8	41·0	39·0	8·3	8·1	8·2	London (City of). Middlesbrough. Newcastle-upon-Tyne. Newport. Norwich. Nottingham. Plymouth. Portsmouth. Sunderland. West Ham. York.
29	23	20	43	6	—	12	13	56	29	180	256	521	228	283	31·9	32·3	32·1	10·1	7·1	8·4	
30	32	46	78	2	11	21	25	89	97	197	354	737	364	560	47·2	35·2	40·0	8·8	8·2	8·4	
31	23	8	31	2	1	19	6	38	12	195	177	422	227	184	42·9	54·8	47·1	10·1	4·3	7·5	London (City of). Middlesbrough. Newcastle-upon-Tyne. Newport. Norwich. Nottingham. Plymouth. Portsmouth. Sunderland. West Ham. York.
32	39	44	83	3	1	—	—	64	—	386	485	935	435	487	38·7	60·9	50·7	9·0	9·0	9·0	
33	15	9	24	4	3	11	6	25	6	140	187	358	161	183	35·3	22·2	27·8	9·3	4·9	7·0	
34	3,957	4,062	8,019	493	227	2,486	2,489	6,472 (d)	2,699	36,584	51,605	97,360	42,255	53,432	27·4	35·6	31·8	9·4	7·6	8·4	TOTAL.

(a) In addition to these numbers, 5 patients (2 males and 3 females) were re-admitted on fresh reception orders rendered necessary by previous orders having expired under Section 38 (1) of the Lunacy Act, 1890.

(b) In addition to these, 219 overseas cases were admitted and transferred to other special Mental War Hospitals for further treatment and final disposal.

NAVAL AND MILITARY HOSPITALS, AND STATE CRIMINAL ASYLUM.

	DEATHS DURING THE YEAR 1921.							NUMBER OF PATIENTS REMAINING, 1st JANUARY 1922.					Average Number Resident during 1921.	RECOVERY RATES.			MORTALITY RATES.			Registered Hospitals, Naval and Military Hospitals and Criminal Asylum.	
	Total Number.			Of the Total Number				PRIVATE (including all Criminal Patients).		PAUPER.		Total Number of Lunatics.		Proportion [per Cent.] of Recoveries during the Year 1921, to Admissions [excluding Transfers and Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1921.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1921.				
	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	Total.	M.	F.	Total.	
1	17	18	35	17	18	—	1	93	164	—	—	262	99	185	21.4	49.0	39.0	17.2	9.7	12.3	Manchester Royal Lunatic Hospital, Cheadle. Wonford House. Barnwood House. Lincoln Lunatic Hospital. Bethel Hospital, Norwich. St. Andrew's Hospital. Nottingham Lunatic Hospital. The Warneford. Coton Hill Lunatic Hospital. Bethlem Royal Hospital. Holloway Sanatorium. Bootham Park, York. The Retreat, York. TOTAL (Registered Hospitals).
2	6	2	8	6	2	—	—	50	89	—	—	139	52	87	72.7	41.7	51.4	11.5	2.3	5.8	
3	4	3	7	4	3	1	—	65	90	—	—	155	66	90	61.5	30.8	41.0	6.1	3.3	4.5	
4	1	6	7	1	6	—	—	15	55	—	—	70	16	52	50.0	33.3	37.9	6.3	11.5	10.3	
5	7	2	9	7	2	1	—	25	60	—	—	85	27	61	41.7	28.6	36.8	25.9	3.3	10.2	
6	14	6	20	14	6	1	—	191	231	—	—	422	197	226	28.6	57.6	46.3	7.1	2.7	4.7	
7	2	2	4	2	2	—	—	44	52	—	—	96	44	51	60.0	25.0	40.9	4.5	3.9	4.2	
8	5	2	7	5	2	3	—	44	45	—	—	89	45	49	22.2	77.8	50.0	11.1	4.1	7.4	
9	5	4	9	5	4	1	1	37	77	—	—	114	40	71	33.3	17.4	21.9	12.5	5.6	8.1	
10	10	5	15	10	5	7	4	75	102	—	—	177	62	98	54.2	61.3	58.6	16.1	5.1	9.4	
11	7	7	14	7	7	2	3	145	198	—	—	343	141	206	47.8	56.7	52.8	5.0	3.4	4.0	
12	4	7	11	4	7	—	1	50	49	—	—	99	52	52	40.0	50.0	45.8	7.7	13.5	10.6	
13	4	5	9	4	5	1	3	58	107	—	—	165	58	106	18.8	32.3	27.7	6.9	4.7	5.5	
14	86	69	155	86	69	17	13	897	1,319	—	—	2,216	899	1,334	42.2	46.5	44.9	9.6	5.2	6.9	
15	2	—	2	2	—	—	—	24	—	—	—	24	33	—	25.6	—	25.6	6.1	—	6.1	Royal Military Hospital. Royal Naval Hospital.
16	21	—	21	21	—	15	—	175	—	—	—	175	179	—	87.0	—	87.0	11.7	—	11.7	
17	23	—	23	23	—	15	—	199	—	—	—	199	212	—	33.2	—	33.2	10.8	—	10.8	TOTAL (Naval and Military Hospitals).
18	19	5	24	19	5	18	2	484	155	1	—	640	478	158	25.4	71.4	33.3	4.0	3.2	3.8	Criminal Lunatic Asylum, Broad- moor.

Appendix A. to Eighth Report of the Board of Control.

TABLE I.—continued—METROPOLITAN LICENSED HOUSES.

HOUSES.		NUMBER OF PATIENTS, 1st JANUARY 1921.				ADMISSIONS DURING THE YEAR 1921.										DISCHARGES DURING THE YEAR 1921.										DEATHS DURING THE YEAR 1921.								NUMBER OF PATIENTS REMAINING, 1st JAN. 1922.				Average Number Resident during 1921.			
		PRIVATE (including all Criminal Patients).		PAUPER.		Total Number of Lunatics.	Of the Total Number.								Of the Total Number.								Of the Total Number.								PRIVATE (including all Criminal Patients).		PAUPER.		Total Number of Lunatics.						
							Total Number.		Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institu- tions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institu- tions for the Insane.		Of the Number of Transfers. Private (including Criminal Patients).		Total Number.		Private (including Criminal Patients).		Discharged Recovered.		Of the Number Discharged Recovered. Private (including Criminal Patients).		Total Number.		Private (including Criminal Patients).		Number of Post- mortem Examina- tions made.												
		M.	F.	M.	F.		M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.		F.	M.			F.	
Camberwell -	Camberwell House -	112	273	-	-	385	111	158	269	111	158	18	22	15	28	15	28	71	158	229	71	158	16	46	16	46	22	47	69	22	47	-	3	130	226	-	-	356	117	24	
Chiswick -	Chiswick House -	15	17	-	-	32	12	1	13	12	1	3	-	1	-	1	-	9	1	10	9	1	3	-	3	-	1	-	1	1	-	-	17	17	-	-	34	16	1		
Clapton, Upper -	Brooke House -	30	43	-	-	73	23	33	56	23	33	4	7	3	4	3	4	20	26	46	20	26	7	7	7	7	3	5	8	3	5	-	-	30	45	-	-	75	29	4	
Finsbury Park -	Northumberland House	29	57	-	-	86	27	42	69	27	42	1	4	6	2	6	2	19	33	52	19	33	7	15	7	15	5	8	13	5	8	1	2	32	58	-	-	90	31	5	
Hayes, Middlesex	Hayes Park -	-	18	-	-	18	-	12	12	-	12	-	1	-	2	-	2	-	11	11	-	11	-	5	-	5	-	3	3	-	3	-	-	-	16	-	-	16	-	1	
Hillingdon, Ux- bridge.	Moorcroft House (and Laurel Lodge).	39	7	-	-	46	8	3	11	8	3	2	2	-	-	-	-	6	2	8	6	2	4	1	4	1	2	1	3	2	1	-	-	39	7	-	-	46	38	-	
Isleworth -	Wyke House -	9	15	-	-	24	2	3	5	2	3	-	-	1	1	1	1	3	4	7	3	4	-	2	-	2	1	3	4	1	3	-	-	7	11	-	-	18	8	1	
Peckham -	Peckham House -	97	234	-	-	331	41	109	150	41	109	7	19	3	22	3	22	30	77	107	30	77	13	23	13	23	14	33	47	14	33	3	-	94	233	-	-	327	95	23	
Roehampton -	The Priory -	44	45	-	-	89	11	9	20	11	9	-	1	2	3	2	3	8	9	17	8	9	1	1	1	1	2	1	3	2	1	-	-	45	44	-	-	89	43	4	
Upper Halliford, Shepperton.	Halliford House -	10	12	-	-	22	8	4	12	8	4	2	-	1	1	1	1	4	3	7	4	3	1	3	1	3	1	1	2	1	1	1	-	13	12	-	-	25	12	1	
Tooting Bec Common.	Newlands House -	15	-	-	-	15	5	2	7	5	2	-	-	-	2	-	2	4	-	4	4	-	-	-	-	-	1	-	1	1	-	-	-	15	2	-	-	17	14	-	
South End, Catford	Flower House -	15	-	-	-	15	9	-	9	9	-	-	-	-	-	-	-	7	-	7	7	-	3	-	3	-	3	-	3	3	-	-	-	14	-	-	-	14	14	-	
Clapham Park -	Clarence Lodge -	-	10	-	-	10	-	10	10	-	10	-	1	-	5	-	5	-	8	8	-	8	-	4	-	4	-	3	3	-	3	-	-	-	-	9	-	-	9	-	1
Hayes, Middlesex	Mead House -	-	14	-	-	14	-	3	3	-	3	-	1	-	1	-	1	-	4	4	-	4	-	2	-	2	-	-	-	-	-	-	-	-	13	-	-	13	-	14	
" "	Wood End House -	-	16	-	-	16	-	4	4	-	4	-	3	-	-	-	-	-	2	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	17	-	-	17	-	16	
Hendon -	Hendon Grove -	-	14	-	-	14	-	8	8	-	8	-	-	-	-	-	-	-	2	2	-	2	-	-	-	-	1	1	-	1	-	-	-	17	-	-	17	-	12		
Kensington, West	Otto House -	-	23	-	-	23	-	13	13	-	13	-	2	-	5	-	5	-	6	6	-	6	-	1	-	1	-	3	3	-	3	-	-	-	13	-	-	13	-	12	
Southall -	Featherstone Hall -	-	10	-	-	10	-	1	1	-	1	-	-	-	-	-	-	-	1	1	-	1	-	4	-	4	-	1	1	-	1	-	-	-	25	-	-	25	-	23	
Streatham Hill -	Fenstanton -	-	25	-	-	25	-	16	16	-	16	-	-	-	-	-	-	-	1	1	-	1	-	-	-	-	-	1	1	-	1	-	-	-	9	-	-	9	-	10	
TOTAL -		415	833	-	-	1,248	257	431	688	257	431	37	69	32	83	32	83	181	371	552	181	371	55	118	55	118	55	112	167	55	112	5	5	436	781	-	-	1,217	417	791	
												(a)																													
(a) In addition to these numbers 3 patients (1 male and 2 females) were re-admitted on fresh Reception Orders, rendered necessary by previous Orders having expired under sec. 38 (1) of the Lunacy Act, 1890.																																									

TABLE I.—continued—PROVINCIAL LICENSED HOUSES.

COUNTY.	H O U S E S.	NUMBER OF PATIENTS. 1st JANUARY 1921.					ADMISSIONS DURING THE YEAR 1921.										DISCHARGES DURING THE YEAR 1921.										DEATHS DURING THE YEAR 1921.								NUMBER OF PATIENTS REMAINING. 1st JANUARY 1922.					Average Number Resident during 1921	
		PRIVATE (including all Criminal Patients).	PAUPER.	Total Number of Lunatics.	Total Number.	Of the Total Number.										Total Number.	Of the Total Number.										Total Number.	Of the Total Number.								PRI- VATE (in- cluding all Criminal Patients).	PAUPER.	Total Num- ber of Luna- tics.			
						Private (including Criminal Patients).	Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institu- tions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).	Transfers from other Institu- tions for the Insane.	Of the Number of Transfers. Private (including Criminal Patients).	Private (including Criminal Patients).	Discharged Recovered.	Of the Number Discharged Recovered.	Private (including Criminal Patients).	Private (in- cluding Criminal Patients).	Number of Post- mortem Exami- nations made.																										
																	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.		F.	M.	F.	M.	F.	M.	F.	M.				F.		
Beds (Bedford Borough).	Bishopstone House, Bedford	-	9	-	-	9	-	2	2	-	2	-	-	-	2	-	2	-	2	2	-	2	-	1	-	1	-	-	-	-	-	-	9	-	-	9	-	9			
Beds	Springfield House, Bedford	17	25	-	-	42	4	6	10	4	6	-	1	2	2	2	2	3	1	4	3	1	3	1	3	1	3	-	3	3	-	-	15	30	-	-	45	17	26		
Derby	Wye House, Buxton	8	15	-	-	23	2	4	6	2	4	-	1	-	-	-	-	-	4	4	-	4	-	2	-	2	-	-	-	-	-	10	15	-	-	25	9	15			
Devon	Court Hall, Kenton, Exeter	-	8	-	-	8	-	1	1	-	1	-	-	-	1	-	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	8	-	-	8	-	8			
"	Plympton House, Plympton	5	19	-	-	24	5	3	8	5	3	1	-	-	-	-	-	2	3	5	2	3	2	2	2	2	-	2	2	-	2	8	17	-	-	25	7	17			
Durham	Middleton Hall, Middleton St. George, Co. Durham.	10	27	-	-	37	2	12	14	2	12	-	5	-	-	-	-	4	7	11	4	7	2	6	2	6	1	3	4	1	3	-	-	7	29	-	-	36	9	27	
Essex	Littleton Hall, Shenfield, Brentwood	-	17	-	-	17	-	8	8	-	8	-	-	-	1	-	1	-	4	4	-	4	-	2	-	2	-	3	3	-	3	-	-	-	18	-	-	18	-	18	
Gloucester	Northwoods, Winterbourne, Bristol	13	17	-	-	30	6	14	20	6	14	1	2	1	1	1	1	4	8	12	4	8	2	4	2	4	2	2	4	2	2	-	-	13	21	-	-	34	13	17	
"	The Retreat, Fairford	19	26	-	-	45	6	7	13	6	7	1	2	1	4	1	4	4	5	9	4	5	2	2	2	2	-	3	3	-	3	-	-	21	25	-	-	46	20	24	
Hants	Westbrooke House, Alton	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1			
Kent	Redlands, near Tonbridge	7	7	-	-	14	-	-	-	-	-	-	-	-	-	-	-	7	7	14	7	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
"	Malling Place, West Malling, Maidstone	3	34	-	-	37	4	8	12	4	8	1	1	1	3	1	3	2	7	9	2	7	1	4	1	4	-	5	5	-	5	-	-	5	30	-	-	35	2	4	
Lancaster	Oaklands, Walmersley, Bury	-	7	-	-	7	-	2	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9	-	-	9	-	8			
"	Haydock Lodge, Newton-le-Willows	66	62	-	-	128	34	55	89	34	55	9	6	1	7	1	7	33	32	65	33	32	19	13	19	13	14	14	28	14	14	1	1	53	71	-	-	124	70	72	
" (Liverpool City).	Tue Brook Villa, Green Lane, Liverpool.	26	23	-	-	49	8	15	23	8	15	-	4	-	1	-	1	5	12	17	5	12	3	2	3	2	3	3	6	3	3	-	-	26	23	-	-	49	25	23	
Lancaster	Shaftesbury House, Formby, near Liverpool.	9	25	-	-	34	4	17	21	4	17	1	3	-	-	-	-	2	13	15	2	13	-	3	-	3	1	3	4	1	3	-	-	10	26	-	-	36	9	25	
Norfolk (Norwich City).	Heigham Hall, Norwich	14	38	-	-	52	7	12	19	7	12	-	3	-	1	-	1	4	6	10	4	6	2	3	2	3	2	2	4	2	2	-	-	15	42	-	-	57	17	41	
"	The Grove, Old Catton, Norwich	-	18	-	-	18	-	8	8	-	8	-	-	-	-	-	-	-	9	9	-	9	-	4	-	4	-	1	1	-	1	-	-	-	16	-	-	16	-	17	
Salop	Stretton House, Church Stretton, Salop	35	-	-	-	35	8	-	8	8	-	1	-	1	-	1	-	9	-	9	9	-	5	-	5	-	2	-	2	2	-	-	-	-	32	-	-	32	33	-	
"	Grove House, All Stretton, Salop	-	35	-	-	35	-	12	12	-	12	-	3	-	2	-	2	-	14	14	-	14	-	6	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
"	St. Mary's House, Whitchurch	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
"	Boreatton Park, Baschurch, near Shrewsbury.	7	8	-	-	15	1	1	2	1	1	-	-	-	-	-	-	1	1	2	1	1	-	1	-	1	1	-	1	1	-	-	-	1	-	-	1	-	1		
Somerset	Brislington House, Bristol	31	51	-	-	82	15	15	30	15	15	3	5	2	-	2	-	8	15	23	8	15	5	7	5	7	6	6	12	6	6	2	1	32	45	-	-	77	34	47	
"	Bailbrook House, Bath Easton, Bath	5	32	-	-	37	1	10	11	1	10	-	1	-	3	-	3	1	15	16	1	15	1	3	1	3	1	3	4	1	3	-	-	4	24	-	-	28	5	25	
Stafford	Ashwood House, Kingswinford, Dudley	10	18	-	-	28	3	7	10	3	7	-	-	1	-	1	-	1	7	8	1	7	-	5	-	5	2	-	2	2	-	-	-	10	18	-	-	28	9	18	
"	Moat House, Tamworth	-	6	-	-	6	-	2	2	-	2	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	2	2	-	-	-	-	-	6	-	-	6	-	6	
Surrey	The Silver Birches, Church St., Epsom	-	9	-	-	9	-	1	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	-	-	9	-	-	9	-	9	
Sussex	Ticehurst House, Ticehurst, Sussex	43	40	-	-	83	11	7	18	11	7	2	2	6	2	6	2	9	3	12	9	3	1	1	1	1	5	2	7	5	2	-	-	40	42	-	-	82	42	41	

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TABLE I.—continued—PROVINCIAL LICENSED HOUSES—continued.

COUNTY.	H O U S E S.	NUMBER OF PATIENTS, 1st JANUARY 1921.					ADMISSIONS DURING THE YEAR 1921.										DISCHARGES DURING THE YEAR 1921.										DEATHS DURING THE YEAR 1921.						NUMBER OF PATIENTS REMAINING, 1st JANUARY 1922.						Average Number Resident during 1921.			
		PRIVATE (including all Criminal Patients).	PAUPER.	Total Number of Lunatics.	Total Number.	Of the Total Number.								Total Number.	Of the Total Number.						Total Number.	Of the Total Number.			PRIVATE (including all Criminal Patients).	PAUPER.	Total Num- ber of Luna- tics.															
						(including Criminal Patients).	Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institu- tions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).	Transfers from other Institu- tions for the Insane.	Of the Number of Transfers.	(including Criminal Patients).	Discharged Recovered.	Of the Number Discharged Recovered.	Private (in- cluding Criminal Patients).		Private (in- cluding Criminal Patients).	Number of Post- mortem Exami- nations made.																										
																	M.	F.	Total.	M.		F.	M.	F.				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.
Sussex	St. George's Retreat, Burgess Hill	-	72	-	-	72	-	13	13	-	13	-	1	-	7	-	7	-	11	11	-	11	-	5	-	5	-	2	2	-	2	-	-	-	72	-	-	72	-	72		
"	Periteau House, Winchelsea, Sussex	-	3	-	-	3	-	6	6	-	6	-	3	-	1	-	1	-	4	4	-	4	-	2	-	2	-	-	-	-	-	-	5	-	-	5	-	4				
" (Hastings Borough).	Ashbrook Hall, Hollington, St. Leonard's-on-Sea.	-	6	-	-	6	-	6	6	-	6	-	1	-	1	-	1	-	6	6	-	6	-	-	-	-	-	-	-	-	-	6	-	-	6	-	6					
Warwick	Glendossill, Henley - in - Arden, Birmingham.	8	22	-	-	30	7	15	22	7	15	-	5	2	1	2	1	6	12	18	6	12	1	6	1	6	1	1	2	1	1	-	-	8	24	-	-	32	9	22		
Wilts	Laverstock House, Salisbury	8	17	-	-	25	8	13	21	8	13	2	4	6	6	6	6	1	3	4	1	3	1	1	1	1	1	1	2	1	1	-	-	14	26	-	-	40	8	18		
" (New Sarum City).	Fisherton House, Salisbury	89	137	74	246	546	35	73	108	28	51	3	6	15	30	15	27	69	258	327	14	30	13	30	6	11	9	11	20	5	5	-	-	100	154	20	33	307	162	378		
Wilts	Fiddington House, Market Lavington, Devizes.	13	13	-	-	26	2	8	10	2	8	-	2	1	2	1	2	5	12	17	5	12	-	2	-	2	1	-	1	1	-	-	9	9	-	-	18	14	14			
"	Kingsdown House, Box, Chippenham	5	33	-	-	38	1	12	13	1	12	-	2	1	2	1	2	1	9	10	1	9	-	3	-	3	-	3	3	-	3	-	-	5	33	-	-	38	5	34		
Yorks, W.R.	Greta Bank, Burton - in - Lonsdale, Kirkby Lonsdale.	-	9	-	-	9	-	3	3	-	3	-	-	-	1	-	1	-	2	2	-	2	-	2	-	2	-	1	1	-	1	-	-	-	9	-	-	9	-	9		
" (Rother- ham Borough).	The Grange, Kimberworth, Rother- ham.	-	18	-	-	18	-	8	8	-	8	-	-	-	-	-	-	-	4	4	-	4	-	2	-	2	-	5	5	-	5	-	-	-	17	-	-	17	-	18		
York (York City)	The Pleasaunce, Heworth, York	-	13	-	-	13	-	2	2	-	2	-	-	-	-	-	-	-	2	2	-	2	-	-	-	-	-	1	1	-	1	-	-	-	12	-	-	12	-	12		
TOTAL -		451	921	74	246	1,692	174	388	562	167	366	25		63		41	83	41	80	181	499	680	126	271	63	125	56	106	55	80	135	51	74	3	2	443	943	20	33	1,439	527	1,162
							(a)					(b)					(c)																									

(a) In addition to these numbers, 7 Patients (2 males and 5 females) were transferred, while resident during 1921, from the Pauper to the Private Class.

(c) In addition to these numbers, 4 female patients were transferred, while resident during 1921, from the Private to the Pauper Class.

(c) In addition to these numbers, 4 female patients were transferred, while resident during 1921, from the Private to the Pauper Class.

Appendix A. to Eighth Report of the Board of Control.

TABLE I.—continued.

S U M M A R Y.

	NUMBER OF PATIENTS, 1st JANUARY 1921.					ADMISSIONS DURING THE YEAR 1921.												DISCHARGES DURING THE YEAR 1921.												DEATHS DURING THE YEAR 1921.												NUMBER OF PATIENTS REMAINING, 1st JANUARY 1922.					Average Number Resident during 1921.	
	PRIVATE (including all Criminal Patients).		PAUPER.		Total Number of Lunatics.	Total Number.			Of the Total Number.								Total Number.			Of the Total Number.								Total Number.			Of the Total Number.								PRIVATE (including all Criminal Patients).		PAUPER.		Total Num- ber of Luna- tics.					
									Private (including Criminal Patients).	Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institu- tions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).	Transfers from other Institutions for the Insane.		Of the Number of Transfers.		Private (including Criminal Patients).	Discharged Recovered.				Of the Number Dis- charged Recovered.		Private (including Criminal Patients).	Private (including Criminal Patients).	Number of Post- mortem Exami- nations made.																								
	M.	F.	M.	F.		M.	F.	Total.	M.						F.		M.	F.	M.			F.	M.		F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					M.	F.
COUNTY, DISTRICT, AND COUNTY - BOROUGH MENTAL HOSPITALS.	6,102	2,664	35,198	49,684	93,648	11,612	14,253	25,865	716	679	1,552	2,307	2,023	2,939	300	162	5,899	8,235	14,134	1,300	610	2,623	4,017	583	263	3,957	4,062	8,019	493	227	2,486	2,489	(a) 6,472	2,699	36,584	51,605	97,360	42,255	53,432									
REGISTERED HOSPITALS -	918	1,376	-	-	2,294	277	441	718	277	441	30	63	57	79	57	79	212	429	641	212	429	92	167	92	167	86	69	155	86	69	17	13	897	1,319	-	-	2,216	899	1,334									
METROPOLITAN LICENSED HOUSES.	415	833	-	-	1,248	257	431	688	257	431	37	69	32	83	32	83	181	371	552	181	371	55	118	55	118	55	112	167	55	112	5	5	436	781	-	-	1,217	417	791									
PROVINCIAL LICENSED HOUSES.	451	921	74	246	1,692	174	388	562	167	366	25	63	41	83	41	80	181	499	680	126	271	63	125	56	106	55	80	135	51	74	3	2	443	943	20	33	1,439	527	1,162									
NAVAL AND MILITARY HOSPITALS.	241	-	-	-	241	191	-	191	191	-	1	-	-	-	-	-	210	-	210	210	-	63	-	63	-	23	-	23	23	-	15	-	199	-	-	-	199	212	-									
CRIMINAL ASYLUM	470	157	1	-	628	68	15	83	68	15	6	-	1	1	1	1	35	12	47	35	12	17	10	17	10	19	5	24	19	5	18	2	484	155	1	-	640	478	158									
PRIVATE SINGLE PATIENTS	131	320	-	-	451	48	117	165	48	117	-	3	41	93	41	93	43	114	157	43	114	11	33	11	33	7	13	20	7	13	-	1	129	310	-	-	439	130	315									
TOTAL - -	8,728	6,271	35,273	49,930	100,202	12,627	15,645	28,272	1,724	2,049	1,651	2,505	2,195	3,278	472	498	6,761	9,660	16,421	2,107	1,807	2,924	4,470	877	697	4,202	4,341	8,543	734	500	2,544	2,512	9,060	6,207	36,605	51,638	103,510	44,918	57,192									
									(b)		(c)									(d)																												

a) 4,991 of these patients were Ex-Service men paid for by the Ministry of Pensions, and classed as "Service" patients.
(b) In addition to these numbers, 1,950 patients (1,580 males and 370 females) were transferred, while resident during 1921, from the Pauper to the Private Class.
(c) In addition to these numbers, 59 patients (20 males and 39 females) were re-admitted on fresh Reception Orders, rendered necessary by previous Orders having expired under section 38 (1) of the Lunacy Act, 1890.
(d) In addition to these numbers, 251 patients (85 males and 166 females) were transferred, while resident during 1921, from the Private to the Pauper Class; and 56 Criminal (Private) Patients (46 males and 10 females) were retained in the Institution as Pauper Patients on their ceasing to be "Criminals" during the same year.

TABLE II.—COUNTY, DISTRICT, AND
TOTAL EXPENDITURE; AVERAGE WEEKLY COST of
and WEEKLY CHARGE for PATIENTS

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.	TOTAL EXPENDITURE during the Year ended 31st March 1921.					AVERAGE WEEKLY COST						
	On Maintenance Account.		On Building and Repairs Account (not including Cost of any Part of the Buildings in the Original Design).		Rent of Land rented.	Provisions not supplied from Institution Garden and Farm, but procured from outside the Institution (including Malt Liquor in ordinary Diet).	Clothing.	Salaries and Wages (less Deductions under the Asylums Officers' Superannuation Act, 1909).	Pensions, Gratuities, &c. (charged to Maintenance Account).	Necessaries; e.g., Fuel, Light, and Washing.		
	Exclusive of Pensions, Gratuities, &c.	Pensions, Gratuities, &c.	Exclusive of Pensions, Gratuities, &c.	Pensions, Gratuities, &c.								
COUNTY AND DISTRICT MENTAL HOSPITALS.	£	£	£	£	£	s. d.	d.	s. d.	d.	s. d.	d.	s. d.
Beds, Herts, and Hunts -	73,867	1,228	10,361	588	—	4 7 5	2/10	9 7 3	6 3 8	2 10 7		
Berks, Reading C.B., Newbury B., and New Windsor B.	41,402	469	3,149	78	—	5 8 2	11	7 2 1	2 2 4	3 1 4		
Brecon and Radnor -	26,121	38	2,834	65	2	4 9	3/- 1	8 1 7	1 1 8	6 4 1		
Bucks - - - - -	40,580	684	5,619	344	—	7 1	1/7 1	8 5 4	4 1 2	2 3 1		
Cambridge C., Isle of Ely, and Cambridge B.	44,370	1,280	6,418	58	55	8 4 4	2/5 1	10 8 1	10 1 4	3 7 4		
Carmarthen, Cardigan, and Pembroke C.	47,375	395	2,663	150	8	9 1	2/10	10 6 1	3	2 11 7		
Chester C., Birkenhead C.B., Stockport C.B. (part) and Wallasey C.B.:												
Chester - - - -	77,824	1,056	13,646	342	—	6 9 3	1/4 1	8 11 3	3 3 4	3 2		
Parkside* - - -	84,125	2,107	9,430	236	120	5 4 8	1/7	7 11	8 1 4	4 3 4		
Cornwall* - - - -	70,686	167	5,187	—	125	5 5 3	1/10 1	7 11 7	1 4 4	3 5 8		
Cumberland, Westmorland, and Carlisle C.B.	52,942	556	3,619	81	—	7 7 8	1/10	8 5 4	3 3 4	2 3 4		
Denbigh, Anglesea, Car- narvon, Flint, and Merioneth C.*	55,179	1,094	10,169	53	231	6 4 1	2/- 1	7 2	5 3 8	3 1		
Derby C. - - - -	53,093	1,138	6,206	999	—	6 11 1	1/8 3	8 11 4	7 3 8	5 3 7		
Devon* - - - -	71,951	1,012	7,378	231	—	6 1 8	1/1 3	9 8 7	4 4 4	4 1 4		
Dorset - - - -	62,001	1,450	6,182	83	—	9 10 3	11 1	8 5 1	8 1 4	4 2		
Durham C., and Darling- ton C.B.	134,574	875	9,183	202	200	5 1 1	3/4 1	17 1 4	3	5 1		
Essex, and Colchester B.:												
Brentwood - - -	101,275	2,668	9,616	3,174	—	5 2 3	1/11 1	11 3 4	8 1 2	3 3 4		
Severalls - - -	126,759	20	8,940	—	116	8 10 3	1/7 1	12 10 1	—	3 9		
Glamorgan and Merthyr Tydfil C.B.	132,828	876	6,818	59	—	6 5 1	1/9 3	11 7	2	3 1		
Gloucester C., and Glou- cester C.B.	75,572	871	9,397	493	—	7 9 3	2/-	6 4 1	3 3 8	3 6 3		
Hants - - - -	71,780	890	11,337	—	—	5 4	2/1 3	10 3	3 1 2	2 7 4		
Hereford C., and Here- ford B.	36,905	234	6,358	—	—	6 6 8	2/7 8	10 4 8	2	3 3 1		
Herts - - - -	63,425	82	4,525	—	7	6 10 1	1/7 1	14 -	1 1 2	3 5 7		
Kent, and Gravesend B.:												
Barming Heath -	108,188	1,995	11,194	102	—	4 8 3	2/2 3	9 11	5 3 4	3 10		
Chartham - - -	78,697	2,122	7,431	330	15	7 -	2/3	10 1	9 3 8	4 6 1		

* Cost of land purchased: Chester (Parkside), 4867.; Cornwall, 3,3007.; Denbigh, 1,9007.; Devon, 1347.

COUNTY-BOROUGH MENTAL HOSPITALS.

MAINTENANCE, MEDICINE, CLOTHING, and CARE of PATIENTS;
during the Year ended 31st March 1921.

during the Year ended 31st March 1921.							Daily Average Number of Patients resident during Year ended March 31st, 1921.		WEEKLY CHARGE during the Year ended 31st March 1921.		
Surgery and Dispensary.	Malt Liquor, Wine, and Spirits (not included in ordinary Diet).	Charged to Maintenance Account.			Less Moneys received for Articles, Goods, and Produce sold (exclusive of those consumed in the Institution).	Total Average Weekly Cost per Head.	Private (including "Service" and Criminal Patients).	Pauper.	Paupers from Counties or Boroughs (or from Unions within such Counties or Boroughs) to which the Mental Hospital belongs.	Paupers from other Counties or Boroughs (or from Unions within such other Counties or Boroughs).	Private Patients (not including "Service" and Criminal Patients).
		Furniture and Bedding.	Garden and Farm.	Miscellaneous.							
<i>d.</i> 3¼ 2¼	<i>d.</i> — —	<i>d.</i> 1/4½ 3¼	<i>s. d.</i> 6 8¼ 1 3¼	<i>s. d.</i> 3 3½ 1 7	<i>d.</i> 2/8½ 8¼	<i>s. d.</i> 29 5½ 19 9¼	212 43	674 742	<i>s. d.</i> 31 6 23 —½(a)	<i>s. d.</i> 34 11(a) 28 10½(a)	<i>s. d.</i> 28/ to 42/ —
3½ —¼ 2¾	— — —	1/6½ 1/1 1/2½	3 —½ 1 5 2 3¼	2 1½ 1 10 2 6¼	1/9½ 9¼ 1/1	27 7 23 3½ 31 1½	40 85 27	302 594 532	34 6(a) 31 6 34 —(a)	37 —(a) 35 — 34 —(a)	36/6 and 39/6 31/6 to 49/ 35 10½(a)
2¼	— —	10¼	1 3¼	2 1	2¼	29 11¾	57	545	33 4¾	33 4¾	29/ to 100/
17/8 2¼ 13/8 —7/8	— — — —	85/8 1/—3/8 95/8 1/3½	— 11½ 1 8 3 8¼ 2 37/8	1 33/8 2 —1/8 2 3 1 —¾	1/23/8 10¼ 21/8 2/27/8	22 63/8 23 11½ 25 6½ 23 —7/8	144 170 100 96	1,131 955 956 729	23 4(a) 24 5(a) 27 5(a) 24 2½(a)	27 1½(a) 28 — 31 1(a) 24 2½(a)	29/9(a) to 42/ 28/ to 77/ 27/6 to 84/ 28/ to 42/
11/8	— —	9	2 —	2 2	7½	23 6	119	835	25 3½(a)	29 4½(a)	29/9 to 73/6
15/8 1¾ 3	—¼ — —	11¾ 65/8 1/1	2 —1/8 1 8¼ 2 3½	1 83/8 2 1 2 1	1/2½ 111/8 1/2½	27 2 24 117/8 28 8½	29 86 242	679 993 565	30 7½(a) 25 3(a) 28 —(a)	— 28/ and 31/ 29 2(a)	— 35/ to 84/ 31/6 to 42/
3	—	8¾	4 —½	1 10½	9¼	37 —3/8	101	1,143	37 93/5(a)	41 33/5(a)	32/8 to 46/1
31/8 3½ 2½	— — —	1/—7/8 11½ 11¼	1 10 2 10 1 3¼	2 —¼ 3 10¼ 3 —¾	3¾ 2/1½ 4	27 3½ 32 11½ 28 3½	91 150 133	1,353 1,240 1,530	35 3½(a) 35 3½(a) 37 7½(a)	39 7½(a) 39 7½(a) 33/10 and 44/4.	— 48/(a) 29/9 to 54/3
15/8	— —	1/7¼	2 2¾	1 37/8	1/6	23 9¼	61	1,098	28 —(a)	33 9(a)	36 6(a)
3¼ 21/8	— —	8¾ 1/3	— 9½ 1 4¼	1 7¼ 1 7½	6¼ 11	23 6 26 6	60 31	1,100 490	24 4½(a) 29 9	26 5(a) 35 —	— 35 —
25/8	— —	7	3 3½	2 7	2/—	30 85/8	62	731	34 1½(a)	39 4½(a)	34 1½(a) & 39 4½(a)
27/8 2¾	— —	10 95/8	1 91/8 2 53/8	2 45/8 2 —1/8	53/8 1/97/8	25 11½ 28 3½	78 47	1,528 982	31 9½(a) 31 9½(a)	31 9½(a) 31 9½(a)	33 9(a) 33 9(a)

(a) Average.

TABLE II.—COUNTY, DISTRICT, AND
TOTAL EXPENDITURE; AVERAGE WEEKLY COST OF
and WEEKLY CHARGE for PATIENTS,

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.	TOTAL EXPENDITURE during the Year ended 31st March 1921.					AVERAGE WEEKLY COST						
	On Maintenance Account.		On Building and Repairs Account (not including Cost of any Part of the Buildings in the Original Design).		Rent of Land rented.	Provisions not supplied from Institution Garden and Farm, but procured from outside the Institution (including Malt Liquor in ordinary Diet).	Clothing.	Salaries and Wages (less Deductions under the Asylums Officers' Superannuation Act, 1909).	Pensions, Gratuities, &c. (charged to Maintenance Account).	Necessaries; e.g., Fuel, Light, and Washing.		
	Exclusive of Pensions, Gratuities, &c.	Pensions, Gratuities, &c.	Exclusive of Pensions, Gratuities, &c.	Pensions, Gratuities, &c.								
COUNTY AND DISTRICT MENTAL HOSPITALS —cont.	£	£	£	£	£	s. d.	d.	s. d.	d.	s. d.		
Lancaster C., all the County Boroughs, and Stockport C.B. (part):												
Lancaster* - - -	166,674	1,708	17,954	941	—	8 5½	1/4	10 11½	3¼	2 11½		
Rainhill* - - -	149,031	591	18,042	856	—	5 8¾	1/7	12 6½	1¼	2 6		
Prestwich - - -	186,577	2,675	23,383	956	—	6 6¾	1/8¼	10 11	4½	3 8½		
Whittingham - -	189,615	2,760	25,079	1,493	170	5 0¾	2/7½	10 9½	4½	3 8½		
Winwick† - - -	—	651	—	—	—	—	—	—	—	—		
Leicester C., and Rutland	40,524	187	3,636	279	—	6 11½	1/3½	8 2¼	1½	4 6		
Lincoln C. (Lindsey and Holland Divisions), Grimsby C.B., Lincoln C.B.	57,730	324	2,839	99	—	7 0	1/2½	9 7¼	1½	3 7½		
Lincoln C. (Kesteven Div.)	33,447	16	2,221	—	—	9 5¾	1/9¾	6 11½	—	5 8½		
London C.:												
Banstead* - - -	180,167	2,712	9,197	99	—	5 7¾	1/9½	13 11½	5¼	2 5½		
Bexley - - -	174,677	2,478	8,591	90	—	5 11	1/8	13 6½	5¼	2 9¼		
Cane Hill* - - -	175,455	2,474	11,237	90	136	5 8¾	1/9½	14 8¼	5¼	2 7		
Claybury* - - -	200,267	2,932	8,865	107	—	5 7½	1/5½	13 4½	5¾	2 7½		
Colney Hatch* - -	194,785	2,960	13,625	108	—	5 2¼	1/6¼	14 -½	5¼	2 3½		
Epileptic Colony† -	—	—	—	—	—	—	—	—	—	—		
Hanwell - - -	198,726	2,876	16,713	104	223	5 4½	1/5¾	15 -	5¾	2 6¾		
Horton† - - -	33,139	1,131	19,254	40	—	—	—	—	—	—		
Long Grove - - -	168,944	2,357	9,548	85	—	5 8½	1/8¼	15 1	5½	2 5½		
Manor - - -	60,745	535	3,968	19	21	8 0½	1/9¾	22 1¾	5¼	4 8½		
Middlesex:												
Wandsworth - - -	97,128	3,062	13,712	633	—	6 7½	1/11½	13 9¼	1/-¾	3 1½		
Napsbury§ - - -	111,087	47	17,127	—	—	—	—	—	—	—		
Monmouth C. - - -	70,103	1,663	5,547	130	—	7 3¼	1/10¼	9 1¼	7½	2 1		
Norfolk* - - -	93,326	807	19,884	49	110	7 8¾	2/3¾	15 4½	4½	6 5½		
Northampton C. -	57,848	414	8,339	29	48	6 1¾	1/8¾	10 8¾	2¾	4 4		
Northumberland and Tynemouth C.B.	57,356	2,150	2,751	895	272	5 0½	2/7¼	9 11	1/-¾	3 6½		
Nottingham C. - -	37,995	149	3,066	350	—	5 10¾	1/2½	10 6¾	1¾	5 1¾		
Oxford C., and Oxford C.B.†	—	969	—	1,143	—	—	—	—	—	—		
Salop, Shrewsbury B., and Wenlock B.	43,648	203	5,090	378	45	5 8¾	1/5¾	6 6½	1¾	3 2½		
Somerset and Bath C.B.:												
Wells - - -	47,989	1,355	5,054	68	153	6 0¾	2/4½	8 8¾	8¾	2 4½		
Cotford - - -	47,768	170	4,483	—	—	6 4½	1/5	8 9½	1¾	3 4½		

(a) Average.
* Cost of land purchased: Lancaster, 1,000l.; Rainhill, 3,980l.; Banstead, 8l.; Cane Hill, 938l.; Claybury, 41l.; Colney Hatch, 3l.; Norfolk, 2,435l.

COUNTY-BOROUGH MENTAL HOSPITALS--continued.

MAINTENANCE, MEDICINE, CLOTHING, and CARE of PATIENTS ;
during the Year ended 31st March 1921.

during the Year ended 31st March 1921.									Daily Average Number of Patients resident during Year ended March 31st, 1921.		WEEKLY CHARGE during the Year ended 31st March 1921.		
Surgery and Dispensary.	Malt Liquor, Wine, and Spirits (not included in ordinary Diet).	Charged to Maintenance Account.			Less Moneys received for Articles, Goods, and Produce sold (exclusive of those consumed in the Institution).	Total Average Weekly Cost per Head.		Private (including "Service" and Criminal Patients).	Pauper.	Paupers from Counties or Boroughs (or from Unions within such Counties or Boroughs) to which the Mental Hospital belongs.	Paupers from other Counties or Boroughs (or from Unions within such other Counties or Boroughs).	Private Patients (not including "Service" and Criminal Patients).	
		Furniture and Bedding.	Garden and Farm.	Miscellaneous.									
d.	d.	d.	s. d.	s. d.	d.	s. d.				s. d.	s. d.	s. d.	
1 $\frac{3}{4}$	— $\frac{1}{4}$	9 $\frac{1}{2}$	— 4 $\frac{7}{8}$	1 — $\frac{1}{4}$	5 $\frac{3}{8}$	25 11 $\frac{1}{2}$	379	2,067	27 5(a)	27 5(a)	30/11 to 105/		
1	— $\frac{1}{8}$	9 $\frac{3}{4}$	1 8 $\frac{3}{8}$	1 2 $\frac{1}{8}$	1 $\frac{1}{2}$ $\frac{1}{2}$	25 —	220	1,944	27 5(a)	29 9	32 5(a)		
1 $\frac{1}{4}$	—	1 $\frac{1}{6}$ $\frac{3}{4}$	1 6 $\frac{3}{4}$	1 4 $\frac{1}{8}$	10 $\frac{5}{8}$	26 11	288	2,335	27 5(a)	27 5(a)	27/5(a)&32/6(a)		
1 $\frac{1}{2}$	— $\frac{3}{8}$	1 $\frac{1}{8}$ $\frac{7}{8}$	3 9 $\frac{3}{8}$	1 2 $\frac{1}{2}$	3/5	26 —	109	2,399	27 5	27 5	30 —		
—	—	—	—	—	—	—	—	—	—	—	—	—	
1 $\frac{1}{4}$	— $\frac{1}{4}$	9 $\frac{1}{8}$	2 11 $\frac{1}{4}$	2 4 $\frac{1}{4}$	2 $\frac{1}{2}$ $\frac{1}{2}$	24 9 $\frac{1}{2}$	57	517	24 6(a)	26 10(a)	—		
2 $\frac{1}{2}$	— $\frac{1}{8}$	1 $\frac{7}{8}$	— 10 $\frac{5}{8}$	2 3 $\frac{1}{4}$	9 $\frac{1}{2}$	24 4	41	845	26 6(a)	31 6(a)	40 —		
1 $\frac{1}{8}$	—	8 $\frac{5}{8}$	1 7 $\frac{1}{8}$	1 8 $\frac{7}{8}$	1 $\frac{1}{4}$ $\frac{1}{2}$	26 8 $\frac{3}{4}$	40	420	29 5 $\frac{1}{4}$	32 6	21/ to 63/		
2 $\frac{7}{8}$	— $\frac{1}{8}$	9 $\frac{1}{4}$	1 3 $\frac{1}{2}$	3 3 $\frac{5}{8}$	1	29 9 $\frac{3}{8}$	160	2,199	35 10 $\frac{1}{2}$ (a)	35 10 $\frac{1}{2}$ (a)	37 11(a)		
3 $\frac{1}{8}$	—	9	2 2 $\frac{7}{8}$	4 — $\frac{3}{4}$	6 $\frac{1}{4}$	31 1 $\frac{5}{8}$	115	2,031	35 10 $\frac{1}{2}$ (a)	35 10 $\frac{1}{2}$ (a)	32/8 to 43/2		
2 $\frac{1}{8}$	—	1/- $\frac{1}{2}$	2 2 $\frac{1}{2}$	3 2 $\frac{3}{4}$	7 $\frac{1}{4}$	31 3	150	1,992	35 10 $\frac{1}{2}$ (a)	35 10 $\frac{1}{2}$ (a)	35/10 $\frac{1}{2}$ (a) and 39/11 $\frac{1}{2}$ (a).		
3	— $\frac{1}{8}$	9 $\frac{3}{8}$	1 8 $\frac{1}{4}$	4 6	3 $\frac{3}{4}$	30 4 $\frac{5}{8}$	247	2,292	35 10 $\frac{1}{2}$ (a)	35 10 $\frac{1}{2}$ (a)	35/10 $\frac{1}{2}$ (a) to 73/6		
3 $\frac{1}{8}$	—	8	1 9 $\frac{1}{4}$	3 5 $\frac{1}{4}$	4 $\frac{1}{8}$	29 2 $\frac{7}{8}$	112	2,451	35 10 $\frac{1}{2}$ (a)	35 10 $\frac{1}{2}$ (a)	32/8 to 43/2		
3 $\frac{1}{8}$	—	11 $\frac{1}{4}$	1 6 $\frac{1}{2}$	3 6 $\frac{1}{8}$	3 $\frac{1}{2}$	30 9 $\frac{1}{4}$	149	2,341	35 10 $\frac{1}{2}$ (a)	35 10 $\frac{1}{2}$ (a)	32/8 to 43/2		
—	—	—	—	—	—	—	—	—	—	—	—	—	
2 $\frac{1}{2}$	—	10 $\frac{7}{8}$	1 9 $\frac{1}{4}$	3 11	1 $\frac{1}{8}$	32 1 $\frac{1}{4}$	193	1,848	35 10 $\frac{1}{2}$ (a)	35 10 $\frac{1}{2}$ (a)	32/8 to 43/2		
2 $\frac{1}{2}$	—	7 $\frac{1}{4}$	2 3 $\frac{5}{8}$	4 5 $\frac{3}{8}$	8 $\frac{3}{8}$	43 — $\frac{3}{8}$	102	361	35 10(a)	35 10(a)	32/8 to 44/4		
2 $\frac{3}{4}$	—	1/	2 4 $\frac{3}{4}$	2 11 $\frac{3}{4}$	4 $\frac{3}{4}$	32 7 $\frac{3}{4}$	80	1,080	35 5(a)	35 5(a)	35 5(a)		
—	—	—	—	—	—	—	54	1,616	35 5(a)	35 5(a)	42 —		
1 $\frac{1}{2}$	— $\frac{1}{2}$	1/1 $\frac{1}{2}$	1 7	2 0	3 $\frac{3}{4}$	25 6	94	945	24 9 $\frac{1}{2}$ (a)	27 3(a)	27 3(a)		
1	— $\frac{1}{4}$	1/6 $\frac{1}{4}$	4 10 $\frac{1}{8}$	2 3 $\frac{7}{8}$	2/7 $\frac{3}{4}$	38 7 $\frac{5}{8}$	50	810	35 5 $\frac{1}{4}$ (a)	42 5 $\frac{1}{4}$ (a)	50 5 $\frac{1}{4}$ (a)		
1 $\frac{1}{4}$	— $\frac{1}{4}$	7 $\frac{1}{4}$	2 2 $\frac{7}{8}$	1 2 $\frac{3}{8}$	1/8 $\frac{1}{4}$	25 7 $\frac{1}{4}$	53	768	30 4(a)	39 4(a)	42 —		
1 $\frac{3}{8}$	— $\frac{1}{2}$	1/1 $\frac{3}{8}$	3 5 $\frac{3}{4}$	1 6 $\frac{3}{8}$	1/1 $\frac{3}{8}$	27 6 $\frac{1}{4}$	40	757	35 —	42 —	42 —		
— $\frac{5}{8}$	—	5 $\frac{7}{8}$	2 5 $\frac{1}{2}$	2 1 $\frac{5}{8}$	3/1 $\frac{3}{4}$	24 11 $\frac{3}{4}$	21	497	24 11 $\frac{1}{4}$ (a)	30 4	42 —		
—	—	—	—	—	—	—	—	—	—	—	—	—	
— $\frac{1}{4}$	—	8 $\frac{3}{8}$	1 2 $\frac{7}{8}$	1 1 $\frac{1}{2}$	1/3 $\frac{1}{4}$	18 11	77	740	22 9(a)	26 3(a)	30 —		
—	—	1/3 $\frac{3}{4}$	2 3 $\frac{3}{8}$	1 5	3 $\frac{1}{2}$	25 — $\frac{3}{8}$	40	707	28 —(a)	28 —(a)	25/8 to 35/		
— $\frac{3}{4}$	— $\frac{1}{2}$	9 $\frac{3}{4}$	2 2 $\frac{3}{4}$	1 5 $\frac{3}{4}$	7 $\frac{3}{8}$	24 2 $\frac{1}{8}$	66	599	28 —(a)	35 —(a)	28/ to 35/7		

As this Institution was being used as a War Hospital, the statement of Average Weekly Cost has not been prepared.

As this Institution was on loan to the Ministry of Pensions, the statement of Average Weekly Cost has not been prepared.

The statement of Average Weekly Cost was not prepared, as the War Office were responsible for the cost nine months.

TABLE II.—COUNTY, DISTRICT, AND
TOTAL EXPENDITURE; AVERAGE WEEKLY COST OF
and WEEKLY CHARGE for PATIENTS,

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.	TOTAL EXPENDITURE during the Year ended 31st March 1921.					AVERAGE WEEKLY COST						
	On Maintenance Account.		On Building and Repairs Account (not including Cost of any Part of the Buildings in the Original Design).		Rent of Land rented.	Provisions not supplied from Institution Garden and Farm, but procured from outside the Institution (including Malt Liquor in ordinary Diet).	Clothing.	Salaries and Wages (less Deductions under the Asylums Officers' Superannuation Act, 1909).	Pensions, Gratuities, &c. (charged to Maintenance Account).	Necessaries; e.g., Fuel, Light, and Washing.		
	Exclusive of Pensions, Gratuities, &c.	Pensions, Gratuities, &c.	Exclusive of Pensions, Gratuities, &c.	Pensions, Gratuities, &c.								
COUNTY AND DISTRICT MENTAL HOSPITALS —cont.	£	£	£	£	£	s. d.	d.	s. d.	d.	s. d.	d.	s. d.
Stafford C., Burton-on-Trent C.B., Smethwick C.B., Stoke-on-Trent C.B. (part) and Newcastle-under-Lyme B.:												
Stafford - - -	60,526	855	4,487	—	—	6 7	1/7	12 5¼	4¾	3	—¾	—¾
Burntwood - - -	63,553	519	7,692	171	15	6 4	2/9½	10 5	2¾	3	8½	8½
Cheddleton - - -	84,285	216	7,718	—	—	10 8½	1/10¾	12 3½	1½	4	11¼	11¼
Suffolk, E. and W. - -	61,916	627	5,024	427	—	6 5½	1/5¾	10 3½	3¼	2	10½	10½
Surrey and (for Brookwood) Guildford B.:												
Brookwood* - - -	80,544	2,698	6,535	395	—	6 11½	1/4½	9 3¾	10¾	3	3½	3½
Netherne - - -	68,716	779	4,915	—	—	6 10¾	1/7	8 11¾	3¾	3	2¼	2¼
Sussex, E. - - -	94,582	138	21,512	—	—	8 1¼	2/-½	11 7	—¾	3	5¾	5¾
" W. - - -	54,259	160	10,881	—	—	7 1	10	13 11	1½	5	8¼	8¼
Warwick C., Coventry C.B., and Warwick B.	73,433	1,791	10,597	652	205	5 9½	2/1½	6 7½	7¾	3	7¼	7¼
Wight, Isle of - - -	24,394	—	2,691	—	—	6 7¾	1/1¾	9 8¾	—	5	—¾	—¾
Wilts - - -	58,188	1,595	4,438	525	81	6 2¾	1/7¾	9 1½	8½	3	1¾	1¾
Worcester C., and (for Powick) Dudley C.B., and Worcester C.B.:												
Powick - - -	61,410	1,225	2,691	331	504	4 -½	1/1	8 3¾	6½	3	6¼	6¼
Barnsley Hall - - -	52,862	—	2,471	—	—	6 8½	1/3¾	9 5½	—	2	9¾	9¾
York, North Riding - -	55,736	457	11,524	826	—	5 8½	2/3¼	10 8¾	2¾	3	8¾	8¾
York, West Riding, and (except for Scalebor Park) Barnsley, Bradford, Dewsbury, Halifax, Huddersfield, Leeds, Rotherham, Sheffield and Wakefield C.B., and (for Wadsley and Storthes Hall) Doncaster B.:												
Wakefield* - - -	213,523	3,439	16,435	1,116	388	6 3¼	2/3	17 5½	6¾	3	7¾	7¾
Wadsley*† - - -	10,751	3,313	1,900	1,591	—	—	—	—	—	—	—	—
Menston - - -	142,667	974	11,005	432	—	6 -¾	1/7¾	12 -¾	2¾	3	5¾	5¾
Scalebor Park (for private patients only).	—	—	—	—	—	—	—	—	—	—	—	—
Storthes Hall - - -	125,460	400	17,819	—	—	6 1¼	1/4½	11 8½	1½	3	11	11
York, East Riding - -	32,032	695	7,168	46	—	6 9¼	2/-¾	8 3½	6½	4	—¾	—¾
TOTALS (County and District Mental Hospitals) - -	£ 6,025,107	83,544	614,368	23,221	3,250							

(a) Average.
* Land purchased, Brookwood, 125*l.*; Wakefield, 10,823*l.*; Wadsley, 3,325*l.*

COUNTY-BOROUGH MENTAL HOSPITALS—continued.

MAINTENANCE, MEDICINE, CLOTHING, and CARE of PATIENTS;
during the Year ended 31st March 1921.

during the Year ended 31st March 1921.										Daily Average Number of Patients resident during Year ended March 31st, 1921.		WEEKLY CHARGE during the Year ended 31st March 1921.		
Surgery and Dispensary.	Malt Liquor, Wine, and Spirits (not included in ordinary Diet).	Charged to Maintenance Account.			Less Moneys received for Articles, Goods, and Produce sold (exclusive of those consumed in the Institution).	Total Average Weekly Cost per Head.		Private (including "Service" and Criminal Patients).		Pauper.	Paupers from Counties or Boroughs (or from Unions within such Counties or Boroughs) to which the Mental Hospital belongs.	Paupers from other Counties or Boroughs (or from Unions within such other Counties or Boroughs).	Private Patients (not including "Service" and Criminal Patients).	
		Furniture and Bedding.	Garden and Farm.	Miscellaneous.										
d.	d.	d.	s. d.	s. d.	d.	s. d.	s. d.				s. d.	s. d.	s. d.	
1 $\frac{3}{4}$	—	7 $\frac{3}{4}$	- 8 $\frac{1}{2}$	2 3 $\frac{1}{4}$	6	27 4	58	58	785	29 2(a)	29 2(a)	35 -		
2 $\frac{3}{4}$	- $\frac{1}{4}$	9 $\frac{7}{8}$	1 4 $\frac{1}{4}$	1 7 $\frac{7}{8}$	8 $\frac{1}{4}$	26 10 $\frac{3}{4}$	58	824	29 2(a)	29 2(a)	42 -			
2 $\frac{3}{4}$	—	1/1	1 11 $\frac{5}{8}$	2 3	1/11	33 7 $\frac{1}{8}$	76	837	31 6(a)	35 -(a)	45 6(a)			
1 $\frac{1}{2}$	- $\frac{1}{4}$	7 $\frac{3}{4}$	2 5 $\frac{3}{8}$	2 - $\frac{1}{8}$	1/10 $\frac{1}{4}$	24 8 $\frac{1}{2}$	42	842	30 - $\frac{1}{2}$ (a)	33 6 $\frac{1}{2}$ (a)	35 -			
1 $\frac{7}{8}$	- $\frac{1}{8}$	1/2 $\frac{1}{8}$	2 3 $\frac{3}{4}$	2 2 $\frac{5}{8}$	1/6	25 3 $\frac{7}{8}$	24	1,164	29 2(a)	29 2(a)	—			
2 $\frac{1}{4}$	—	9 $\frac{1}{2}$	3 8 $\frac{1}{8}$	2 4 $\frac{7}{8}$	2/3 $\frac{3}{4}$	25 8 $\frac{1}{8}$	148	810	29 2(a)	29 2(a)	35/ to 66/			
4 $\frac{3}{8}$	- $\frac{1}{2}$	1/6 $\frac{3}{4}$	2 5 $\frac{1}{2}$	2 6	1/- $\frac{3}{4}$	31 1 $\frac{5}{8}$	110	1,019	33 3(a)	38/6 to 48/6	42/ and 52/6			
5	- $\frac{1}{2}$	11 $\frac{1}{4}$	5 3 $\frac{1}{2}$	3 7 $\frac{3}{4}$	2/3	35 8 $\frac{3}{4}$	24	535	40 3(a)	40 3(a)	35/ to 84/			
2 $\frac{1}{8}$	- $\frac{1}{4}$	1/2 $\frac{3}{8}$	4 2 $\frac{1}{8}$	2 5 $\frac{1}{2}$	1/10 $\frac{1}{8}$	25 -	114	964	26 10(a)	17/6 to 31/6	31/6 to 84/			
2 $\frac{5}{8}$	- $\frac{1}{8}$	1/- $\frac{3}{8}$	2 5 $\frac{1}{8}$	2 - $\frac{1}{2}$	1/4 $\frac{7}{8}$	26 11 $\frac{3}{8}$	64	266	28 3(a)	31 -(a)	35/ to 84/			
- $\frac{3}{4}$	- $\frac{1}{8}$	1/4 $\frac{7}{8}$	1 5 $\frac{5}{8}$	1 9 $\frac{1}{4}$	1/6 $\frac{1}{4}$	23 11	49	852	24 9(a)	28 -	30 -			
2 $\frac{3}{4}$	- $\frac{1}{4}$	7 $\frac{1}{4}$	6 2 $\frac{1}{8}$	1 6 $\frac{7}{8}$	1/1 $\frac{5}{8}$	24 11 $\frac{3}{8}$	46	878	28 -	28/ to 30/11	30 -			
5 $\frac{1}{8}$	—	5 $\frac{1}{8}$	3 5 $\frac{1}{2}$	2 - $\frac{3}{4}$	2/- $\frac{1}{2}$	24 7	128	612	23 11	28 -	30 -			
2 $\frac{1}{4}$	- $\frac{3}{8}$	11 $\frac{3}{4}$	2 4	1 8	1/2 $\frac{7}{8}$	26 7 $\frac{1}{4}$	60	714	30 11(a)	30 11(a)	36 9(a)			
2 $\frac{3}{8}$	—	8 $\frac{1}{2}$	1 11	3 3 $\frac{5}{8}$	8 $\frac{3}{4}$	35 7 $\frac{1}{4}$	153	2,126	31 11 $\frac{1}{4}$ (a)	33/10 to 36/9	33/10 to 36/9			
1 $\frac{7}{8}$	—	7 $\frac{3}{4}$	1 9 $\frac{7}{8}$	1 8 $\frac{7}{8}$	1 $\frac{1}{2}$	27 7 $\frac{5}{8}$	185	1,703	31 11 $\frac{1}{4}$ (a)	33/10 to 36/9	33/10 to 36/9			
1 $\frac{7}{8}$	—	3 $\frac{7}{8}$	2 9 $\frac{3}{4}$	1 11 $\frac{7}{8}$	11 $\frac{3}{4}$	27 5 $\frac{3}{4}$	79	1,564	31 11 $\frac{1}{4}$ (a)	33/10 to 36/9	33/10 to 36/9			
1 $\frac{7}{8}$	—	1/4 $\frac{7}{8}$	2 10 $\frac{3}{8}$	1 7	1/3 $\frac{3}{8}$	26 4 $\frac{7}{8}$	35	436	28 -	30/ to 32/	32/ to 35/			

† The statement of Average Weekly Cost was not prepared, as the Institution was open only for a few months.

TABLE II.—COUNTY, DISTRICT, AND
TOTAL EXPENDITURE; AVERAGE WEEKLY COST of
and WEEKLY CHARGE for PATIENTS

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS.	TOTAL EXPENDITURE during the Year ended 31st March 1921.					AVERAGE WEEKLY COST						
	On Maintenance Account.		On Building and Repairs Account (not including Cost of any Part of the Buildings in the Original Design).		Rent of Land rented.	Provisions not supplied from Institution Garden and Farm, but procured from outside the Institution (including Malt Liquor in ordinary Diet).	Clothing.	Salaries and Wages (less Deductions under the Asylums Officers' Superannuation Act, 1909).	Pensions, Gratuiities, &c. (charged to Maintenance Account).	Necessaries; e.g., Fuel, Light, and Washing.		
	Exclusive of Pensions, Gratuiities, &c.	Pensions, &c.	Exclusive of Pensions, Gratuiities, &c.	Pensions, &c.								
C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.												
COUNTY-BOROUGH MENTAL HOSPITALS (including City of London).												
Birmingham :	£	£	£	£	£	s.	d.	d.	s.	d.	s.	d.
Winson Green - - -	57,430	331	5,973	—	—	7	4	2/3 ⁷ / ₈	8 11 ³ / ₄	1 ⁷ / ₈	3	6 ⁵ / ₈
Rubery Hill* - - -	46,738	1,549	91,609	—	—							
Brighton - - - - -	64,315	342	4,610	47	—	6	8 ³ / ₄	1/11 ³ / ₈	12 -	2 ¹ / ₈	4	4 ¹ / ₈
Bristol† - - - - -	23,791	385	1,016	99	—							
Canterbury - - - - -	16,737	—	1,430	—	—	9	2 ⁵ / ₈	8 ⁷ / ₈	17 1 ³ / ₈	—	5	10 ³ / ₄
Cardiff* - - - - -	34,631	215	5,868	12	—							
Croydon - - - - -	59,027	78	5,925	133	—	5	1 ¹ / ₄	1/3	10 8 ¹ / ₂	- ¹ / ₂	4	5 ³ / ₄
Derby - - - - -	30,045	422	2,123	70	606	5	6 ¹ / ₂	1/- ³ / ₄	12 2 ⁵ / ₈	5 ¹ / ₄	3	8
Exeter - - - - -	26,630	583	2,072	50	110	6	- ³ / ₄	1/5 ¹ / ₂	11 8 ³ / ₈	9 ⁵ / ₈	3	10 ¹ / ₄
Gateshead - - - - -	29,327	—	1,753	—	—	7	7 ¹ / ₂	1/9 ³ / ₈	12 4 ¹ / ₂	—	5	6 ⁵ / ₈
Hull - - - - -	36,022	359	17,021	121	298	4	10 ³ / ₈	2/6 ⁵ / ₈	11 8 ⁵ / ₈	—	4	3 ³ / ₈
Ipswich - - - - -	21,415	485	1,357	293	3	8	7 ¹ / ₂	1/6 ³ / ₄	9 3 ¹ / ₂	7 ³ / ₄	3	8 ¹ / ₄
Leicester - - - - -	57,188	736	6,914	93	109	6	4 ¹ / ₈	1/3 ¹ / ₄	9 6 ³ / ₈	4 ¹ / ₈	3	4 ⁷ / ₈
London (City of)† - -	52,286	416	8,001	1,000	232	5	4	7 ³ / ₈	12 5 ¹ / ₂	3 ³ / ₈	4	7 ⁵ / ₈
Middlesbrough - - -	32,298	110	4,527	—	—	6	1 ¹ / ₈	1/3 ¹ / ₄	12 3 ¹ / ₄	1 ³ / ₈	3	2 ³ / ₄
Newcastle-upon-Tyne†	10,330	231	659	635	—							
Newport - - - - -	32,571	46	2,889	—	2	7	8 ³ / ₄	1/10 ¹ / ₄	11 5 ¹ / ₄	- ¹ / ₂	4	7 ¹ / ₂
Norwich - - - - -	35,858	499	1,884	551	66	8	5 ¹ / ₄	2/4	9 2 ¹ / ₄	5 ¹ / ₄	5	6 ¹ / ₄
Nottingham - - - - -	58,653	1,002	2,725	45	177	6	11 ¹ / ₈	2/8 ¹ / ₈	8 11 ¹ / ₄	5 ³ / ₈	3	8 ³ / ₈
Plymouth - - - - -	34,011	667	4,054	—	—	4	4 ⁷ / ₈	1/6 ¹ / ₈	9 7 ⁵ / ₈	2 ¹ / ₂	3	- ¹ / ₈
Portsmouth - - - - -	62,278	1,196	4,540	77	—	5	3 ¹ / ₂	1/- ¹ / ₂	11 2	6	2	10 ³ / ₄
Sunderland - - - - -	39,413	380	2,737	—	—	6	2 ¹ / ₂	1/11 ¹ / ₄	10 10 ¹ / ₂	3 ¹ / ₄	3	5 ¹ / ₄
West Ham - - - - -	83,485	145	7,342	—	—	6	3 ⁷ / ₈	1/10 ³ / ₄	14 5 ⁷ / ₈	- ³ / ₄	4	1 ⁷ / ₈
York - - - - -	25,567	—	3,491	11	779	4	8 ³ / ₄	1/6	12 - ³ / ₈	—	3	5 ⁵ / ₈
TOTALS (County- Borough Mental Hospitals) - - -	£ 970,046	10,177	190,520	3,237	2,382							
GRAND TOTALS - £	6,995,153	93,721	804,888	26,458	5,632							

Total cost of land purchased, 28,588⁷/₈l.

Total cost of Pensions, Gratuiities, &c. (included in expenditure on Maintenance Account and on Building and Repairs Account below), 120,179¹/₂l.

Total expenditure:—

On Maintenance Account - - - - -	£ 7,088,874
On Building and Repairs Account - - - - -	831,346
On Land purchased - - - - -	28,588
For Land rented - - - - -	5,632

Total - - - - - £7,954,440

COUNTY-BOROUGH MENTAL HOSPITALS—continued.

MAINTENANCE, MEDICINE, CLOTHING, and CARE of PATIENTS ;
during the Year ended 31st March 1921.

during the Year ended 31st March 1921.										Daily Average Number of Patients resident during Year ended March 31st, 1921.		WEEKLY CHARGE during the Year ended 31st March 1921.			
Surgery and Dispensary.	Malt Liquor, Wine, and Spirits (not included in ordinary Diet).	Charged to Maintenance Account.			Less Moneys received for Articles, Goods, and Produce sold (exclusive of those consumed in the Institution).	Total Average Weekly Cost per Head.	Private (including "Service" and Criminal Patients).		Pauper.	Paupers from Counties or Boroughs (or from Unions within such Counties or Boroughs) to which the Mental Hospital belongs.	Paupers from other Counties or Boroughs (or from Unions within such other Counties or Boroughs).	Private Patients (not including "Service" and Criminal Patients).			
		Furniture and Bedding.	Garden and Farm.	Miscellaneous.			Private (including "Service" and Criminal Patients).	Pauper.							
d.	d.	d.	s. d.	s. d.	d.	s. d.				s. d.	s. d.	s. d.			
3 $\frac{1}{4}$	— $\frac{5}{8}$	1/10 $\frac{7}{8}$	1 7 $\frac{5}{8}$	1 2 $\frac{7}{8}$	3 $\frac{1}{2}$	27 1 $\frac{7}{8}$	125	682	28 —	28 —	33/3 to 42/				
—	—	—	—	—	—	—	29	343	28 —	28 —	42 —				
2 $\frac{1}{2}$	— $\frac{3}{8}$	10 $\frac{5}{8}$	4 5	1 7 $\frac{5}{8}$	2/8 $\frac{3}{8}$	29 8 $\frac{1}{8}$	71	689	30 1 $\frac{1}{2}$ (a)	30 1 $\frac{1}{2}$ (a)	30/6 to 42/				
—	—	—	—	—	—	—	60	698	27 6(a)	31 3(a)	35 —				
4 $\frac{3}{8}$	—	9	2 7	2 11	1/1 $\frac{3}{8}$	38 5 $\frac{5}{8}$	40	122	36 2(a)	36 2	42/ to 84/				
—	—	—	—	—	—	—	—	—	—	—	—				
4 $\frac{3}{4}$	—	1/1 $\frac{3}{4}$	2 4 $\frac{3}{4}$	4 3 $\frac{1}{2}$	1	29 8 $\frac{3}{4}$	138	622	30 11(a)	30 11(a)	28/ to 126/				
3 $\frac{1}{8}$	— $\frac{1}{8}$	1/1 $\frac{7}{8}$	2 8 $\frac{3}{8}$	3 6 $\frac{1}{2}$	1/4 $\frac{1}{8}$	29 3	54	328	27 5(a)	30 11(a)	42/ to 66/				
2	—	11 $\frac{5}{8}$	8 5 $\frac{7}{8}$	3 10 $\frac{7}{8}$	6/3 $\frac{3}{8}$	31 1 $\frac{1}{2}$	87	192	31 6(a)	33 6(a)	40/(a)				
1 $\frac{1}{8}$	—	2 $\frac{1}{2}$	6 — $\frac{1}{2}$	2 5	6/7 $\frac{1}{8}$	29 6	14	298	31 1(a)	35 8(a)	—				
2 $\frac{1}{8}$	— $\frac{1}{8}$	1/4 $\frac{7}{8}$	5 9 $\frac{3}{4}$	2 10 $\frac{3}{8}$	2/9 $\frac{3}{8}$	30 10 $\frac{7}{8}$	49	512	30 6(a)	30 6(a)	30/6(a) to 42/				
1 $\frac{1}{8}$	—	6 $\frac{1}{4}$	2 6 $\frac{5}{8}$	1 11	9 $\frac{1}{8}$	28 1 $\frac{5}{8}$	58	230	30 —(a)	28/ to 32/	30/ to 42/				
2 $\frac{1}{4}$	— $\frac{1}{8}$	1/7	1 11 $\frac{5}{8}$	2 6 $\frac{3}{4}$	7 $\frac{1}{4}$	26 7 $\frac{1}{4}$	65	754	29 4(a)	29/9 to 38/6	31/6 to 73/6				
4 $\frac{3}{8}$	— $\frac{3}{4}$	1/2 $\frac{1}{8}$	7 6 $\frac{7}{8}$	2 9 $\frac{3}{4}$	6/3 $\frac{3}{8}$	29 — $\frac{3}{8}$	334	240	33 6 $\frac{1}{2}$ (a)	33 6 $\frac{1}{2}$ (a)	35/ to 84/				
5 $\frac{5}{8}$	—	7 $\frac{1}{8}$	5 6	3 — $\frac{5}{8}$	1/10 $\frac{5}{8}$	30 8 $\frac{1}{2}$	54	327	33 10(a)	40 —	35/ to 52/6				
—	—	—	—	—	—	—	—	—	—	—	—				
1	—	1/2 $\frac{3}{4}$	2 8 $\frac{1}{4}$	2 5	— $\frac{1}{2}$	32 — $\frac{3}{4}$	29	320	35 —	35 —	35/ to 52/6				
3 $\frac{1}{2}$	—	11 $\frac{3}{4}$	1 6 $\frac{1}{2}$	2 6 $\frac{7}{8}$	— $\frac{3}{4}$	31 2 $\frac{7}{8}$	28	416	35 6 $\frac{1}{2}$ (a)	32 10(a)	39 2(a)				
— $\frac{7}{8}$	—	1/2 $\frac{3}{8}$	2 1 $\frac{1}{8}$	— 8 $\frac{1}{2}$	10 $\frac{1}{2}$	25 10 $\frac{5}{8}$	81	776	28 7(a)	32 8(a)	31 4(a)				
1 $\frac{1}{4}$	— $\frac{1}{8}$	8 $\frac{5}{8}$	5 3 $\frac{1}{2}$	2 2 $\frac{7}{8}$	10 $\frac{5}{8}$	26 3	67	422	27 5	27 5	22/6 to 40/				
2 $\frac{1}{2}$	—	9 $\frac{3}{4}$	2 5 $\frac{1}{4}$	1 10	2	26 — $\frac{1}{4}$	165	764	25 4 $\frac{1}{2}$ (a)	28 3(a)	31/6 to 147/				
3 $\frac{3}{8}$	— $\frac{1}{8}$	1/1 $\frac{5}{8}$	2 6	3 3 $\frac{3}{4}$	1/10 $\frac{5}{8}$	28 1	51	420	34 7(a)	35 —	35/ and 42/				
1 $\frac{5}{8}$	— $\frac{1}{4}$	1/2 $\frac{5}{8}$	2 2 $\frac{3}{4}$	3 9 $\frac{5}{8}$	10 $\frac{1}{4}$	33 5 $\frac{3}{4}$	54	874	36 2(a)	36 2	33/3 to 42/				
1 $\frac{3}{4}$	—	9 $\frac{1}{4}$	3 3 $\frac{1}{8}$	2 2 $\frac{1}{4}$	7 $\frac{1}{8}$	27 6	25	325	28 —	28 5 $\frac{1}{4}$ (a)	29/9 to 42/				

(a) Average.

* Statement of Average Weekly Cost not given as the Mental Hospital was not fully occupied during the whole of the year.

† Statement of Average Weekly Cost not given owing to War Office occupation.

‡ Cost of land purchased : City of London, 90%.

TABLE III.—COUNTY, DISTRICT, AND
TABLE SHOWING AMOUNT AND COST OF LAND,

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS.	Date of opening.	LAND.					
		AMOUNT OF LAND.			COST OF LAND.		
		Amount of Land in Original Estate.	Amount of Land subsequently acquired up to January 1st, 1922.	Total Area of Land (including Site of Buildings and Land rented) on January 1st, 1922.	Total Cost of Land in Original Estate.	Cost of Land subsequently acquired up to January 1st, 1922.	Total Cost of Land purchased up to January 1st, 1922.
		Freehold.	Freehold.				
		Acres.	Acres.	Acres.			
COUNTY AND DISTRICT MENTAL HOSPITALS.					£	£	£
Beds, Herts, and Hunts -	1860	254	168	422	15,775	6,925	22,700
Berks, Reading C.B., Newbury B., and New Windsor B.	1870	80	92	172	8,317	3,004	11,321
Brecon, Radnor and Montgomery C.	1903	153	129	282	7,998	3,634	11,632
Bucks - - - -	1853	20	80	100	3,000	8,494	11,494
Cambridge C., Isle of Ely, and Cambridge B.	1858	44	77	148	3,352	3,627	6,979
Carmarthen, Cardigan, and Pembroke C.	1865	42	48	90	3,835	5,162	8,997
Chester C., Birkenhead C.B., Stockport C.B. (part), and Wallasey, C.B.:							
Chester - - -	1829	10	239	249	1,667	43,975	45,642
Parkside - - -	1871	65	93	212	11,823	17,711	29,534
Cornwall - - - -	1820	10	221	251	(a)	14,777	14,777
Cumberland, Westmorland and Carlisle C.B.	1862	101	124	225	8,097	9,174	17,271
Denbigh, Anglesey, Car- narvon, Flint, and Merioneth C.	1848	19	(b) 161	(c) 222	(d)	12,690	12,690
Derby C. - - -	1851	79	74	153	7,928	6,734	14,662
Devon - - - -	1846	18	203	221	2,925	15,431	18,356
Dorset { (Forston) - - -	1832	55	339	395	5,710	6,354	12,064
(Charminster) - -	1863						
(Herrison) - - -	1904						
Durham C. and Darlington C.B.	1858	52	308	446	4,483	29,992	34,475
Essex and Colchester B.:							
Brentwood - - -	1853	86	110	196	8,000	8,600	16,600
Severalls - - -	1913	299	1	388	10,649	25	10,674
Glamorgan } (Angelton)	1864	83	202	285	6,771	20,366	27,137
and Merthyr } (Parc	1887						
Tydfil C.B. } Gwyllt).							
Gloucester } (Wotton) -	1823	156	233	389	17,241	27,400	44,641
C. and } (Barnwood)	1883						
Gloucester C.B.							

(a) Given by Bodmin Town Council. (b) 21 acres given. (c) Mineral rights over 222 acres more.
(f) After deducting accommodation for 62 males and 56 females at present occupied by staff.

COUNTY-BOROUGH MENTAL HOSPITALS.

COST OF BUILDING, AND ACCOMMODATION.

BUILDING.			ACCOMMODATION.				
Total Cost of Building up to completion of Original Design.	Cost of Buildings added and of Alterations, but excluding Ordinary Repairs, up to January 1st, 1922.	Total Cost of Buildings, including Cost of Original Construction, and of Additions and Alterations of Building (but not including Ordinary Repairs) up to January 1st, 1922.	Number of Patients for whom the Institution was originally designed.		Number of Patients for whom Accommodation, with recognised Bed-space, was provided on January 1st, 1922.		
£	£	£	M.	F.	M.	F.	T.
62,833	94,892	157,725	250	255	495	588	1,083
49,799	120,869	170,668	134	151	370	432	802
123,266	14,681	137,947	176	176	214	198	412
36,026	133,647	169,673	100	100	325	370	695
41,520	83,778	125,298	112	112	262	417	679
29,195	28,053	57,248	125	125	287	313	600
25,484	276,796	302,280	45	45	721	853	1,574
133,835	162,514	296,349	347	343	594	670	1,264
16,019	215,486	231,505	50	50	517	583	1,100
38,847	137,664	176,511	110	110	454	439	893
25,708	228,323	254,031	100	100	519	481	1,000
76,179	(e)152,621	228,800	150	150	386	362	748
55,849	171,532	227,381	200	200	630	814	1,444
44,290	132,437	176,727	150	150	457	524	981
29,963	208,793	238,756	150	150	775	710	(f)1,485
79,000	209,998	288,998	200	250	700	948	1,648
438,217	13,501	451,718	611	735	673	942	1,615
78,000	308,000	386,000	197	168	978	835	1,813
131,131	91,561	222,692	260	260	501	725	1,226

(d) Site given.

(e) Includes 23,739*l.* for repairs from 1867 to 1899.

TABLE III.—SHOWING AMOUNT AND COST OF LAND,

COUNTY DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS.	Date of opening.	LAND.					
		AMOUNT OF LAND.			COST OF LAND.		
		Amount of Land in Original Estate.	Amount of Land subsequently acquired up to January 1st, 1922.	Total Area of Land (including Site of Buildings and Land rented) on January 1st, 1922.	Total Cost of Land in Original Estate.	Cost of Land subsequently acquired up to January 1st, 1922.	Total Cost of Land purchased up to January 1st, 1922.
		Freehold.	Freehold.				
		Acres.	Acres.	Acres.			
COUNTY AND DISTRICT MENTAL HOSPITALS— <i>continued.</i>							
Hants, Bournemouth C.B. and Southampton C.B. :					£	£	£
Knowle - - -	1852	108	122	230	5,903	5,949	11,852
Park Prewett - -	1921	302	255	557	9,200	8,007	17,207
Hereford C. and Here- ford B.	1871	110	26	136	11,744	1,057	12,801
Herts - - - -	1899	180	173	356	10,062	10,711	20,773
Kent and Gravesend B. :							
Barming Heath -	1833	37	148	185	3,000	13,900	16,900
Chartham - - -	1875	121	83	204	6,236	2,500	8,736
Lancaster C., all the County-Boroughs, and Stockport C.B. (part) :							
Lancaster - - -	1816	5	232	237	(b)	17,302	17,302
Rainhill - - -	1851	48	301	349	5,250	(c)39,447	(c)44,697
Prestwich - - -	1851	37	139	176	11,412	40,275	51,687
Whittingham - -	1873	157	361	593	9,305	25,612	34,917
Winwick - - -	1902	204	3	207	21,500	750	22,250
Leicester C. and Rutland	1907	178	6	184	18,970	950	19,920
Lincoln C. (Lindsey and Holland Divisions), Grimsby C.B., and Lincoln C.B.	1852	43	117	160	4,378	10,420	14,798
Lincoln C. (Kesteven Division).	1902	111	72	183	6,262	2,128	8,390
London C. :							
Banstead - - -	1877	100	101	201	11,531	8,409	19,940
Bexley - - -	1898	139	-	139	24,485	-	24,485
Cane Hill - - -	1883	154	75	229	24,972	15,203	40,175
Claybury - - -	1893	270	-	270	39,456	-	39,456
Colney Hatch - -	1851	128	37	165	19,788	11,000	30,788
Hanwell - - -	1831	59	25	165	10,995	9,652	20,647
Horton - - -	1902	102	139	241	3,963	5,447	9,410
Long Grove - - -	1907	310	(d) - 3	307	12,105	- 117	11,988
Middlesex :							
Wandsworth - -	1841	97	44	141	8,985	12,239	21,224
Napsbury - - -	1905	411	12	423	53,624	3,840	57,464
Monmouth C. - -	1851	37	187	224	4,633	19,534	24,167
Norfolk - - -	1814	5	188	272	600	17,603	18,203
Northampton C. -	1876	193	52	274	19,106	3,020	22,126
Northumberland and Tynemouth C.B.	1859	99	56	223	7,886	3,150	11,036
Nottingham C. - -	1902	130	130	260	6,880	6,283	13,163
Salop, Shrewsbury B., and Wenlock B.	1845	15	67	95	2,029	10,759	12,788

(a) Includes cost of original furnishing, which cannot be ascertained. (b) Given by Corporation of Lancaster.

COST OF BUILDING, AND ACCOMMODATION—continued.

BUILDING.			ACCOMMODATION.				
Total Cost of Building up to completion of Original Design.	Cost of Buildings added and of Alterations, but excluding Ordinary Repairs, up to January 1st, 1922.	Total Cost of Buildings, including Cost of Original Construction, and of Additions and Alterations of Building (but not including Ordinary Repairs) up to January 1st, 1922.	Number of Patients for whom the Institution was originally designed.		Number of Patients for whom Accommodation, with recognised Bed-space, was provided on January 1st, 1922.		
			M.	F.	M.	F.	T.
£	£	£					
38,291	191,474	229,765	200	200	515	606	1,121
368,788	245	369,033	700	700	700	700	1,400
67,049	70,440	137,489	183	188	233	302	535
177,246	54,231	231,477	268	308	374	525	899
(a)44,000	345,043	(a)389,043	87	87	802	970	1,772
211,852	68,405	280,257	440	465	538	613	1,151
30,000	413,328	443,328	90	60	1,276	1,349	2,625
75,509	387,608	463,117	180	220	972	1,131	2,103
67,662	343,029	410,691	250	250	1,282	1,425	2,707
132,000	472,134	604,134	500	500	1,445	1,393	2,838
426,523	67,522	494,045	1,050	1,000	1,172	1,000	2,172
212,082	724	212,806	344	344	308	380	688
44,394	175,526	219,920	125	125	453	553	1,006
138,682	1,670	140,352	210	210	215	215	430
288,094	147,439	435,533	620	1,080	1,014	1,375	2,389
426,667	30,921	457,588	970	1,030	980	1,086	2,066
236,510	149,578	386,088	480	644	845	1,157	2,002
483,960	20,882	504,842	850	1,200	985	1,264	2,249
226,290	285,217	511,507	520	735	1,045	1,490	2,535
103,410	319,082	422,492	150	150	1,032	1,286	2,318
499,747	24,835	524,582	900	1,100	189	1,726	1,915
507,979	6,573	514,552	1,069	944	1,066	1,003	2,069
68,866	387,674	456,540	150	200	500	800	1,300
451,290	83,075	534,365	491	661	744	991	1,735
29,518	134,320	163,838	104	110	590	580	1,170
34,621	(e)493,727	(e)528,348	50	50	470	600	1,070
118,926	59,898	178,824	270	270	437	527	964
42,429	137,609	180,038	100	100	460	343	803
147,086	29,977	177,063	226	226	300	300	600
16,443	140,579	157,022	50	50	330	426	756

(c) On January 1st, 1922, only deposit had been paid on an additional purchase of 41 acres.

(d) Boundaries readjusted.

(e) Including ordinary repairs.

TABLE III.—SHOWING AMOUNT AND COST OF LAND,

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS.	Date of opening.	LAND.					
		AMOUNT OF LAND.			COST OF LAND.		
		Amount of Land in Original Estate.	Amount of Land subsequently acquired up to January 1st, 1922.	Total Area of Land (including Site of Buildings and Land rented) on January 1st, 1922.	Total Cost of Land in Original Estate.	Cost of Land subsequently acquired up to January 1st, 1922.	Total Cost of Land purchased up to January 1st, 1922.
		Freehold.	Freehold.				
		Acres.	Acres.	Acres.			
COUNTY AND DISTRICT MENTAL HOSPITALS —continued.					£	£	£
Somerset and Bath C.B. :							
Wells - - -	1848	50	191	283	6,776	13,432	20,208
Cotford - - -	1897	116	134	380	11,220	6,137	17,357
Stafford C., Burton-upon- Trent C.B., Smethwick C.B., Stoke-on-Trent C.B. (part), and New- castle-under-Lyme B. :							
Stafford - - -	1818	39	50	101	7,840	13,444	21,284
Burntwood - - -	1864	100	64	164	7,880	4,742	12,622
Cheddleton - - -	1899	174	90	264	13,936	6,650	20,586
Suffolk, East and West -	1829	30	256	286	(b)8,007	25,959	(b)33,966
Surrey and (for Brook- wood) Guildford B. :							
Brookwood - - -	1867	150	101	251	13,413	9,588	23,001
Netherne - - -	1909	354	-	354	25,905	-	25,905
Sussex, East - - -	1903	398	2	(e)393	16,227	500	(e)16,429
„ West - - -	1897	246	1	(f)246	24,746	100	24,846
Warwick C., Coventry C.B., and Warwick B.	1852	43	187	494	4,887	10,410	15,297
Wight, Isle of - - -	1896	51	-	51	4,776	140	4,916
Wilts - - -	1851	57	102	159	8,466	9,706	18,172
Worcester C. and (for Powick) Dudley C.B., and Worcester C.B. :							
Powick - - -	1852	46	135	556	5,837	9,803	15,640
Barnsley Hall - - -	1907	324	-	324	17,299	-	17,299
Yorks, North Riding -	1847	45	307	352	5,170	33,452	38,622
York, West Riding, and (except for Scalebor Park) Barnsley, Brad- ford, Dewsbury, Hali- fax, Huddersfield, Leeds, Rotherham, Sheffield and Wakefield C.B., and (for Wadsley and Storthes Hall) Don- caster B. :							
Wakefield - - -	1818	49	438	535	17,813	53,028	70,841
Wadsley - - -	1872	164	70	251	23,770	10,681	34,451
Menston - - -	1888	325	351	676	22,254	9,701	31,955
Scalebor Park - - -	1902	97	6	339	13,249	367	13,616
Storthes Hall - - -	1904	631	1	632	43,948	150	44,098
Yorks, East Riding -	1871	63	63	126	1,585	5,467	7,052

(a) These figures accord with the specified floor space, but as few dormitories in this institution are 12 feet high, the actual accommodation is much less. (b) Including house on original estate.
(g) It is believed that upwards of 4,000*l.* of this sum represents cost of original furniture and equipment.

COST OF BUILDING, AND ACCOMMODATION—continued.

BUILDING.			ACCOMMODATION.				
Total Cost of Building up to completion of Original Design.	Cost of Buildings added and of Alterations, but excluding Ordinary Repairs, up to January 1st, 1922.	Total Cost of Buildings, including Cost of Original Construction, and of Additions and Alterations of Building (but not including Ordinary Repairs) up to January 1st, 1922.	Number of Patients for whom the Institution was originally designed.		Number of Patients for whom Accommodation, with recognised Bed-space, was provided on January 1st, 1922.		
			M.	F.	M.	F.	T.
£	£	£					
42,153	100,977	143,130	175	175	389	537	(a)926
169,287	42,844	212,131	310	390	368	420	788
29,623	117,171	146,794	60	60	488	445	933
64,200	115,555	179,755	260	270	422	487	909
242,999	97,488	340,487	309	309	573	491	1,064
(c)26,311	(d)166,959	(c)193,270	130		427	473	900
75,077	241,796	316,873	321	329	560	833	1,393
312,664	26,173	338,837	390	570	400	580	980
369,639	25,648	395,287	500	636	470	639	1,109
144,945	91,058	236,003	223	242	353	481	834
63,888	138,738	202,626	150	150	468	602	1,070
54,906	6,308	61,214	111	207	111	200	311
(g)42,451	152,175	194,626	143	143	413	569	982
44,743	119,863	164,606	101	101	529	622	1,151
196,200	49	196,249	254	316	285	340	625
30,950	140,077	171,027	72	72	455	476	931
69,250	237,725	306,975	175	175	1,406	1,087	2,493
232,886	57,816	290,702	333	419	458	876	(h)1,334
300,263	112,055	412,318	380	530	888	919	1,807
89,037	14,458	103,495	105	105	154	163	317
534,821	—	534,821	1,032	1,042	1,061	964	2,025
35,029	103,179	138,208	140	140	309	317	626

(c) Approximate, and includes cost of original estate.

(d) Approximate.

(e) About 8 acres has been sold for 298*l*.

(f) One acre sold.

(h) Excluding one block on male side, on loan to Ministry of Pensions, and one ward on female side not yet re-opened.

TABLE III.—SHOWING AMOUNT AND COST OF LAND,

COUNTY. DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS.	Date of opening.	LAND.					
		AMOUNT OF LAND.			COST OF LAND.		
		Amount of Land in Original Estate.	Amount of Land subsequently acquired up to January 1st, 1922.	Total Area of Land (including Site of Buildings and Land rented) on January 1st, 1922.	Total Cost of Land in Original Estate.	Cost of Land subsequently acquired up to January 1st, 1922.	Total Cost of Land purchased up to January 1st, 1922.
		Freehold.	Freehold.				
		Acres.	Acres.	Acres.			
COUNTY BOROUGH MENTAL HOSPITALS (including City of London).					£	£	£
Birmingham :							
Winson Green - - -	1850	20	32	62	7,637	14,494	22,131
Rubery Hill (including Hollymoor).	1882	72	204	276	5,821	18,414	24,235
Brighton - - - -	1859	128	114	242	7,405	7,257	14,662
Bristol - - - -	1861	23	59	82	2,906	14,776	17,682
Canterbury - - - -	1903	52	-	52	(b)10,125	-	(b)10,125
Cardiff - - - -	1908	184	-	191	39,385	-	39,385
Croydon - - - -	1903	68	2	70	4,009	289	4,298
Derby - - - -	1888	(c)	(c)	(c)95	(c)	(c)	(c)
Exeter - - - -	1886	89	-	132	9,389	-	9,389
Gateshead - - - -	1913	297	-	297	10,598	-	10,598
Hull - - - -	1884	74	108	212	12,770	11,944	24,714
Ipswich - - - -	1870	53	18	71	2,150	1,234	3,384
Leicester - - - -	1869	42	131	173	17,000	25,581	42,581
London (City of) - - -	1866	33	126	342	4,024	17,129	21,153
Middlesbrough - - - -	1898	98	11	109	9,385	1,615	11,000
Newcastle-upon-Tyne - -	1869	58	36	94	11,350	11,007	(d)22,246
Newport - - - -	1906	123	-	125	16,289	64	16,353
Norwich - - - -	1880	51	131	243	1,875	5,500	7,375
Nottingham - - - -	1880	30	20	100	(e)	(e)	(e)
Plymouth - - - -	1891	75	9	84	3,875	1,220	5,095
Portsmouth - - - -	1879	75	42	117	14,000	13,523	27,523
Sunderland - - - -	1895	75	65	140	9,000	8,400	17,400
West Ham - - - -	1901	102	59	163	8,835	18,109	26,944
York - - - -	1906	156	100	265	13,885	5,478	19,363
TOTAL - - - -	- - -	11,046	9,866	23,186	1,028,548	948,596	1,976,735 (f)

(a) Excluding Hollymoor Annex.

(b) Including Stone House, a portion of the Mental Hospital.

(e) Property of Corporation.

COST OF BUILDING, AND ACCOMMODATION—continued.

BUILDING.			ACCOMMODATION.				
Total Cost of Building up to completion of Original Design.	Cost of Buildings added and of Alterations, but excluding Ordinary Repairs, up to January 1st, 1922.	Total Cost of Buildings, including Cost of Original Construction, and of Additions and Alterations of Building (but not including Ordinary Repairs) up to January 1st, 1922.	Number of Patients for whom the Institution was originally designed.		Number of Patients for whom Accommodation, with recognised Bed-space, was provided on January 1st, 1922.		
			M.	F.	M.	F.	T.
£	£	£					
61,960	87,317	149,277	150	150	369	355	724
124,246	284,812	409,058	311	314	409	408	(a)817
54,046	89,234	143,280	225	225	361	513	874
42,291	196,275	238,566	100	100	495	550	1,045
67,875	23,513	91,388	120	130	126	146	272
278,327	12,833	291,160	336	414	308	414	722
211,022	31,784	242,806	201	245	201	458	659
47,300	30,265	77,565	156	164	204	276	480
71,359	1,880	73,239	150	178	175	202	377
112,191	3,991	116,182	200	200	212	212	424
69,103	70,690	139,793	180	180	353	353	706
25,062	14,589	39,651	100	100	130	169	299
31,858	139,083	170,941	150	150	364	554	918
63,880	130,042	193,922	125	125	253	336	589
107,000	29,915	136,915	131	137	212	218	430
47,559	222,468	270,027	125	125	569	437	1,006
133,735	2,235	135,970	184	184	186	186	372
62,786	26,895	89,681	150	170	218	244	462
54,212	75,528	129,740	140	140	395	419	814
50,573	41,206	91,779	90	110	205	288	493
112,265	82,575	194,840	210	210	360	527	887
96,902	19,311	116,213	175	175	227	194	421
322,264	5,785	328,049	350	450	380	462	842
121,200	4,838	126,038	152	210	164	219	383
12,771,413	11,563,087	24,334,500					

(c) Rented. Total rent 1,048*l*.

(d) 4 poles, since sold for 111*l*.

(f) About 8 acres of land have been sold for 409*l*.

APPENDIX B.

LIST of all COUNTY and BOROUGH MENTAL HOSPITALS, REGISTERED HOSPITALS, and LICENSED HOUSES in *England* and *Wales* with the Names of the Medical Superintendents, and Clerks to Committees of Visitors; Licensees, Clerks to Visitors, and Medical Visitors, of Licensed Houses; and List of all Mental Defective Institutions in *England* and *Wales*. (Corrected to July, 1922.)

COUNTY AND BOROUGH MENTAL HOSPITALS.

COUNTIES, UNITED COUNTIES, AND BOROUGH.	WHERE SITUATE.	MEDICAL SUPERINTENDENTS.	CLERKS TO COMMITTEES OF VISITORS.
Beds, Herts, and Hunts - - - Berks, Reading C.B., Newbury B., and New Windsor B.	Arlesey, Beds. - - - Moulsoford, Wallingford - -	Laurence O. Fuller, L.R.C.P. - W. W. Read, M.D. - -	F. N. Butler, St. Neots. J. T. Morland, Bath Street, Abingdon.
Brecon, Radnor, and Montgomery - Bucks - - -	Talgarth, Breconshire - - Stone, Aylesbury - -	R. Pugh, M.D. - - Hugh Kerr, M.D. - -	A. J. Astbury, The Mental Hospital. W. Crouch, County Hall, Aylesbury.
Cambs., Isle of Ely, and Cambridge B. Carmarthen, Cardigan and Pembroke Chester C., Birkenhead C.B., Stock- port (part) C.B., and Wallasey C.B.	Fulbourn, Cambridge - - Carmarthen - - Upton, Chester - -	M. A. Archdale, M.B. - John Richards, M.B. - G. H. Grills, M.D. - -	T. M. Francis, 10, Peas Hill, Cambridge. W. J. Wallis-Jones, 34, Quay Street, Carmarthen. H. Potts, County Offices, Northgate Street, Chester.
" - - - Cornwall - - - Cumberland, Westmorland, and Car- lisle C.B.	Parkside, Macclesfield - - Bodmin - - Carlisle - -	H. D. Cormac, M.B. - F. Dudley, L.R.C.P. - - W. F. Farquharson, M.D. -	G. W. Wain, 43, Church Side, Macclesfield. M. F. Edyvean, Mount Folly, Bodmin. C. W. A. Hodgson, The Courts, Carlisle.
Denbigh, Anglesea, Carnarvon, Flint, and Merioneth C.	Denbigh - -	F. G. Jones, M.D. - -	W. Barker, The Mental Hospital.
Derby C. - - -	Mickleover, Derby - -	M. L. Rowan, M.D. - -	N. J. Hughes Hallett, O.B.E., County Offices, St. Mary's Gate, Derby.
Devon - - -	Exminster - -	R. Eager, O.B.E., M.D. -	B. S. Miller, The Castle, Exeter.
Dorset - - -	Dorchester - -	G. E. Peachell, M.D. -	H. Till, 56, High West Street, Dorchester.
Durham C. and Darlington C.B. - Essex and Colchester B. - -	Winterton, Ferry Hill - - Brentwood - -	H. G. Cribb, L.R.C.P. - W. Robinson, M.D. - -	A. O. Smith, 19, Elvet Bridge, Durham. H. H. Gepp, Chelmsford.
" - - - Glamorgan and Merthyr Tydfil C.B. Gloucester C. and Gloucester C.B. -	Severalls, Mile End, Colchester Bridgend - - Gloucester - -	R. C. Turnbull, M.D. - D. Finlay, M.D. - - J. Marnan, M.B. - -	Ditto ditto. W. E. R. Allen, Glamorgan County Hall, Cardiff. E. B. Key, The Mental Hospital.

Hants, Bournemouth C.B. and Southampton C.B.	-	Knowle, Fareham	-	J. L. Jackson, M.B.	-	Lt.-Col. J. R. Wyatt, O.B.E., The Mental Hospital.
"	-	Park Prewett, Basingstoke	-	R. F. B. Bowes, L.R.C.P.	-	H. Spooner, The Mental Hospital.
Hereford (County and City)	-	Burghill, Hereford	-	J. G. Smith, M.D.	-	F. Goldingay, The Mental Hospital. [Hertford.
Herts	-	Hill End, St. Albans	-	A. N. Boycott, M.D.	-	Sir Chas. E. Longmore, K.C.B., Clerk of the Peace,
Kent and Gravesend B.	-	Barming Heath, Maidstone	-	H. Wolseley-Lewis, M.D., F.R.C.S.	-	H. J. Bracher, 33, Earl Street, Maidstone.
"	-	Chartham, Canterbury	-	Lt.-Col. M. A. Collins, O.B.E., M.D.	-	Henry Fielding, 15, Burgate Street, Canterbury.
Lancaster C., all the County Boroughs and Stockport (part) C.B.	-	Lancaster Moor	-	D. M. Cassidy, M.D., D.Sc., F.R.C.S.	-	Allan Sewart, 49, North Road, Lancaster.
"	"	Rainhill, Lancs.	-	T. P. Cowen, M.D.	-	T. Garner, 49, Corporation Street, St. Helens.
"	"	Prestwich, Manchester	-	F. Perceval, L.R.C.P.	-	John Crofton, 36, Brazennose Street, Manchester.
"	"	Whittingham, Preston	-	R. M. Clark, M.B.	-	L. Cotman, 8, Lune Street, Preston.
"	"	Winwick, Warrington	-	A. Simpson, C.B.E., D.L., M.D.	-	W. B. Forshaw, Suez Street, Warrington.
Leicester C. and Rutland	-	Narborough, Leicester	-	R. C. Stewart, L.R.C.P.	-	W. J. Freer, 10, New Street, Leicester.
Lincoln (Lindsey, Holland, Grimsby C.B. and Lincoln C.B.).	-	Bracebridge, Lincoln	-	J. MacArthur, L.R.C.P., D.P.M.	-	H. E. Page, Bank Street, Lincoln.
" (Kesteven)	-	Sleaford	-	J. A. Ewan, M.D.	-	A. D. Piper, 19, Jernyn Street, Sleaford.
London C.	-	Banstead Downs, Sutton	-	Percy C. Spark, L.R.C.P.	-	H. F. Keene, O.B.E., London Asylums and Mental Deficiency Committee, 13, Arundel Street, Strand, W.C.2.
"	-	Bexley, Kent	-	Geoffrey Clarke, M.D.	-	Ditto ditto.
"	-	Cane Hill, Coulsdon, Surrey	-	Lt.-Col. S. C. Elgee, O.B.E., L.R.C.P.	-	Ditto ditto.
"	-	Claybury, Woodford Bridge, Woodford Green, Essex.	-	Guy F. Barham, M.D.	-	Ditto ditto.
"	-	Colney Hatch, N.11	-	S. J. Gillillan, M.B.	-	Ditto ditto.
"	-	Hanwell, Southall, Middlesex	-	A. W. Daniel, M.D.	-	Ditto ditto.
"	-	Horton, Epsom	-	Lt.-Col. J. R. Lord, C.B.E., M.B.	-	Ditto ditto.
"	-	Ewell Colony	-	"	-	Ditto ditto.
"	-	Long Grove, Epsom	-	D. Ogilvy, M.D.	-	Ditto ditto.
Middlesex	-	Wandsworth, S.W.17	-	Reginald Worth, O.B.E., M.B.	-	H. S. Freeman, Clarence Street, Staines.
"	-	Napsbury, St. Albans	-	L. W. Rolleston, C.B.E., M.B.	-	E. S. W. Hart, Guildhall, Westminster, S.W.1.
Monmouth	-	Abergavenny	-	N. R. Phillips, M.D.	-	R. W. Powell, The Mental Hospital.
Norfolk	-	Thorpe, Norwich	-	O. G. Connell, M.C., L.R.C.P.	-	W. E. Hansell, The Close, Norwich.
Northampton C.	-	Berrywood, Northampton	-	F. J. Stuart, O.B.E., L.R.C.P.	-	C. A. Markham, 1, Guildhall Rd., Northampton.
Northumberland and Tynemouth C.B.	-	Cottingham, Morpeth	-	G. R. East, M.D.	-	Henry D. Irwin, 3, Royal Arcade, Newcastle-upon-Tyne.
Notts C.	-	Radcliffe-on-Trent, Nottingham	-	S. Lloyd Jones, L.R.C.P.	-	J. F. Gell, The Mental Hospital.
Oxford C. and Oxford City	-	Littlemore, Oxford	-	T. Saxty Good, O.B.E., L.R.C.P.	-	J. Rose, 10, New Road, Oxford.

COUNTY AND BOROUGH MENTAL HOSPITALS—*continued.*

COUNTIES, UNITED COUNTIES, AND BOROUGH.	WHERE SITUATE.	MEDICAL SUPERINTENDENTS.	CLERKS TO COMMITTEES OF VISITORS.
Salop, Shrewsbury B., and Wenlock B.	Bicton, Shrewsbury -	W. S. Hughes, M.B. -	W. Baxter, County Buildings, Shrewsbury.
Somerset and Bath C.B. -	Wells -	J. E. P. Shera, M.D. -	John Coates, The Mental Hospital.
"	Cotford, Norton Fitzwarren, Taunton.	H. T. S. Aveline, M.D. -	A. W. Calcy, The Mental Hospital.
Stafford C., Burton-upon-Trent C.B., Smethwick C.B., Stoke-on-Trent (part) C.B., and Newcastle-under- Lyme B.	Stafford -	B. H. Shaw, M.D. -	Eustace Joy, M.A., County Buildings, Stafford.
"	Burntwood, Lichfield -	J. B. Spence, O.B.E., M.D. -	Ditto ditto.
"	Cheddleton, Leek -	W. F. Menzies, M.D., F.R.C.P. -	Ditto ditto.
"	Melton, Woodbridge -	J. R. Whitwell, M.B. -	A. T. Cobbold, County Hall, Ipswich.
Suffolk (East and West) -	Brookwood, Woking -	James A. Lowry, M.D. -	W. Hall, County Hall, Kingston-on-Thames.
Surrey and Guildford B. -	Brookwood, Woking -	P. C. Coombes, L.R.C.P. -	Ditto ditto.
Surrey -	Netherne, Coulsdon, Surrey -	F. R. P. Taylor, M.D. -	Reginald Blaker, 211, High Street, Lewes.
Sussex (East) -	Hellingly, Eastbourne -	Harold A. Kidd, C.B.E., L.R.C.P. -	E. H. Blaker, 9, West Pallant, Chichester.
Sussex (West) -	Chichester -	Alfred Miller, M.B. -	H. W. Blenkinsop, 1, New Street, Warwick.
"	Hatton, Warwick -		
Warwick C., Coventry C.B., and Warwick B.	Whitecroft, Newport, I. of W. -	W. J. A. Erskine, M.D. -	J. H. Green, The Mental Hospital, Newport, I.W.
Wight, Isle of -	Devizes -	S. J. Cole, M.D. -	G. W. Jackson, Devizes.
Wilts -	Powick, Worcester -	H. F. Fenton, M.B. -	G. F. S. Brown, 40, Foregate Street, Worcester.
Worcester C., Dudley C.B., and Wor- cester C.B.	Barnsley Hall, near Bromsgrove Clifton, York -	P. T. Hughes, M.B. - A. J. Eades, L.R.C.P. -	C. H. Bird, Shirehall, Worcester. Alfred Procter, 5, New Street, York.
Worcester C. -	Menston, Leeds -	S. Edgerley, M.D. -	H. Topham, Asylums' Board Office, Wakefield.
York, N. Riding -	Wadsley, Sheffield -	W. J. N. Vincent, C.B.E., M.B. -	Ditto ditto.
"	Wakefield -	J. S. Bolton, M.D., D.Sc., F.R.C.P. -	Ditto ditto.
W. Riding, and (except for { Scalebor Park) Barnsley, { Bradford, Dewsbury, Halli- fax, Huddersfield, Leeds, { Rotherham, Sheffield C.B., { and (for Wadsley and Storther Hall) Doncaster B. {	Storther Hall, Kirkburton, Huddersfield. *Scalebor Park, Burley-in- Wharfedale.	T. Stewart Adair, M.D. - J. R. Gilmour, M.B., F.R.C.P. -	Ditto ditto.
"	Beverley -	E. S. Simpson, M.C., M.D. -	C. W. Hobson, Beverley.
E. Riding -			

BOROUGHs.

Birmingham	-	-	-	-	Winson Green, Birmingham	-	C. B. Roscrow, L.R.C.P.	-	W. Hutton, Council House, Birmingham.
"	-	-	-	-	Rubery Hill, near Birmingham	-	T. C. Graves, M.D., F.R.C.S.	-	Ditto
Brighton	-	-	-	-	Haywards Heath, Sussex	-	Charles Planck, L.R.C.P.	-	Hugo Talbot, Town Hall, Brighton.
Bristol	-	-	-	-	Fishponds, Bristol	-	J. V. Blachford, C.B.E., M.D.	-	Edmund J. Taylor, The Council House, Bristol.
Canterbury	-	-	-	-	St. Martin's Hill, Canterbury	-	E. F. Sall, L.R.C.P.	-	H. Fielding, Town Hall, Canterbury.
Cardiff	-	-	-	-	Whitchurch, Glamorgan	-	Lt.-Col. E. Goodall, C.B.E., M.D., F.R.C.P.	-	C. G. Brown, Town Clerk's Office, Cardiff.
Croydon	-	-	-	-	Warlingham, Whyteleafe, S.O., Surrey.	-	E. S. Pasmore, M.D., M.R.C.P.	-	J. M. Newnham, Town Hall, Croydon.
Derby	-	-	-	-	Rowditch, Derby	-	John Bain, M.B.	-	G. T. Lee, Town Hall, Derby.
Exeter	-	-	-	-	Digbys, Topsham	-	G. N. Bartlett, M.B.	-	H. Lloyd Parry, Town Clerk's Office, Exeter.
Gateshead	-	-	-	-	Stannington, Newcastle-upon-Tyne.	-	Lt.-Col. J. V. G. Tighe, M.B.	-	W. Swinburne, Town Hall, Gateshead.
Hull	-	-	-	-	De la Pole, Willerby, Hull	-	John Merson, M.D.	-	H. A. Learoyd, Guildhall, Hull.
Ipswich	-	-	-	-	Ipswich	-	W. M. Ogilvie, M.B.	-	W. Bantoft, Town Hall, Ipswich.
Leicester	-	-	-	-	Humberstone, Leicester	-	Lt.-Col. J. F. Dixon, M.D.	-	H. A. Pritchard, Town Hall, Leicester.
London (City of)	-	-	-	-	Stone, Dartford	-	R. H. Steen, M.D., F.R.C.P.	-	C. Fitch, 5, Church Passage, Guildhall, E.C.2.
Middlesbrough	-	-	-	-	Cleveland, Middlesbrough	-	J. W. Geddes, M.B.	-	Preston Kitchen, Town Clerk's Office, Middlesbrough.
Newcastle-upon-Tyne	-	-	-	-	Gosforth, Newcastle-on-Tyne	-	H. D. MacPhail, O.B.E., M.D.	-	A. M. Oliver, Town Clerk's Office, Newcastle-on-Tyne.
Newport	-	-	-	-	Caerleon, Mon.	-	W. F. Nelis, M.D.	-	A. A. Newman, Town Clerk's Office, Newport, Monmouth.
Norwich	-	-	-	-	Hellesdon, Norwich	-	David Rice, L.R.C.P.	-	A. H. Miller, Guildhall, Norwich.
Nottingham	-	-	-	-	Mapperley Hill, Nottingham	-	G. Ll. Bruntton, M.D.	-	W. J. Board, Guildhall, Nottingham.
Plymouth	-	-	-	-	Blackadon, Ivybridge	-	W. Starkey, M.B.	-	R. J. Fittall, Town Clerk's Office, Plymouth.
Portsmouth	-	-	-	-	Milton, Portsmouth	-	H. Devine, O.B.E., M.D., F.R.C.P.	-	F. J. Sparks, Town Hall, Portsmouth.
Sunderland	-	-	-	-	Ryhope, Sunderland	-	J. C. Shaw, L.R.C.P.	-	H. Craven, Town Hall, Sunderland.
West Ham	-	-	-	-	Goodmayes, Ilford, Essex	-	C. L. Hopkins, M.B.	-	G. E. Hilleary, Town Hall, West Ham, E. 15.
York	-	-	-	-	Fulford, York	-		-	P. J. Spalding, Guildhall, York.

* For private patients only.

HOSPITALS

COUNTY.	HOSPITALS.	MEDICAL SUPERINTENDENTS.
Chester - -	Manchester Royal Lunatic Hospital, Cheadle.	J. A. C. Roy, M.B., Ch.B.
Devon - -	Wonford House, Exeter - -	W. B. Morton, M.D.
Gloucester - -	Barnwood House, Gloucester -	A. A. D. Townsend, M.D.
Lincoln - -	Lincoln Lunatic Hospital, The Lawn, Lincoln.	A. P. Russell, M.B.
Norfolk - -	Bethel Hospital, Norwich -	S. J. Fielding, M.B.
Northampton -	St. Andrew's Hospital, Northampton.	D. F. Rambaut, M.D.
Notts - -	Nottingham Lunatic Hospital, The Coppice, Nottingham.	D. Hunter, M.B.
Oxford - -	Warneford Asylum, Headington Hill, Oxford.	A. W. Neill, M.D.
Stafford - -	Coton Hill Lunatic Hospital, Stafford.	R. W. Hewson, L.R.C.P.
Surrey - -	Bethlem Royal Hospital, Lambeth Road, S.E.1.	J. G. Porter Phillips, M.D., F.R.C.P.
" - -	Holloway Sanatorium, St Ann's Heath, Virginia Water.	W. D. Moore, M.D.
York City - (N.R.)	Bootham Park, York - -	G. R. Jeffrey, M.D., F.R.C.P.
" " (E.R.)	The Retreat, York - -	H. Yellowlees, O.B.E., M.D., F.R.F.P.S.
MILITARY AND NAVAL HOSPITALS :		
Hants - -	Royal Military Hospital, Netley, Southampton.	Maj. James Graham, M.D.
Norfolk - -	Royal Naval Hospital, Yarmouth	Surgeon Commander J. A. Thompson, R.N.
CRIMINAL ASYLUM :		
Berks - -	State Criminal Asylum, Broadmoor, Crowthorne.	W. C. Sullivan, M.D.

METROPOLITAN LICENSED HOUSES.

H O U S E S.		Number of Patients for which Licensed.			TO WHOM LICENSED.
		M.	F.	Total.	
(a) For both Sexes:					
Camberwell, S.E. 5.	-	-	-	-	Lord Henry Fitzgerald, Captain L. P. Irby, and F. H. Edwards, M.B.
Chiswick, W. 4.	-	-	-	-	C. M. Tuke, L.R.C.P., Mrs. M. E. Tuke, G. W. Smith, M.B., and Mrs. S. R. M. Smith, M.B.
Clapton, Upper, E. 5.	-	-	-	-	H. Monro, J. O. Adams, M.D., and G. H. Johnston, L.R.C.P.
Finsbury Park, N. 4.	-	-	-	-	A. H. Stocker, H. G. Stocker, and B. Hart, M.D. M.R.C.P.
Hayes, Uxbridge	-	-	-	-	H. F. Stilwell, L.R.C.P., and Mrs. M. E. Stilwell.
Hillingdon, Uxbridge	-	-	-	-	R. J. Stilwell, L.R.C.P., J. F. Stilwell, and G. W. B. James, M.D.
Sion Hill, Brentford	-	-	-	-	H. M. Bullock, L.R.C.P., and F. Murchison, M.B.
Peckham, S.E. 15.	-	-	-	-	A. H. Stocker, H. G. Stocker, and F. R. King, L.R.C.P.
Roehampton, S.W. 15.	-	-	-	-	S. G. Turner, Lieut. Col. D. E. Wood, and J. Chambers, M.D.
Shepperton	-	-	-	-	Capt. H. O. S. Ellis, Lt. Col. H. Dickenson, W. J. H. Haslett, L.R.C.P., and Miss M. B. E. Hardwick.
Tooting Common, S.W. 17.	-	-	-	-	J. N. Sergeant, M.B., Mrs. M. D. K. Margetts, Mrs. H. S. Sergeant, Miss M. F. Reeve, and Miss L. Sharp.
(b) Males only:					
South End Catford, S.E. 6.	-	-	-	-	Major P. F. W. à Beckett, A. E. Price, M.D., Mrs. Ethel F. Bullmore and F. J. Dunston.

METROPOLITAN LICENSED HOUSES—continued.

q. Limited to quiet and harmless cases.

H O U S E S.		Number of Patients for which Licensed.			TO WHOM LICENSED.
		M.	F.	Total.	
(c) Females only:					
Clapham Park, S.W. 4.-	q.	-	-	-	Mrs. F. E. M. Thwaites and Miss L. M. Thwaites. R. J. Stilwell, L.R.C.P., Miss M. G. Thomson and G. W. B. James, M.D.
Hayes, Uxbridge	-	-	-	-	
"	-	-	-	-	H. F. Stilwell, L.R.C.P. and R. J. Stilwell, L.R.C.P. H. L. de Caux, L.S.A., and Miss S. Bridger.
Hendon, N.W.	-	-	-	-	
Kensington, West, W.14.	-	-	-	-	Mrs. C. M. A. Sutherland, Miss E. B. Brodie, and Mrs. M. A. H. Little.
Southall	-	-	-	-	
	-	-	-	-	W. H. Bailey, M.D., Mrs. K. M. Bailey, Mrs. L. Fearnley, and W. L. Bailey, Esq.
Streatham Hill, S.W. 2.	-	-	-	-	J. H. Earls, M.D., E.W.White, C.B.E., M.B., and Mrs. H.White.

PROVINCIAL LICENSED HOUSES.

[*m.* Males only ; *f.* Females only.]

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Beds [Bedford Borough] <i>f.</i>	Bishopstone House, Bedford	Mrs. Beatrice Peele, Dr. Ralph Norman, Mrs. C. W. G. Norman, Miss B. C. Peele, Miss D. M. Peele, Miss E. Lawson, and Miss D. Palmer.	-	10	10	Mark Whyley, Bedford -	Rowland Hill Coombs, M.D.
Beds -	Springfield House, Bedford	David Bower, M.D., Mrs. M. L. Bower, C. W. Bower, L.M.S.S.A., and Miss Mary Bellars.	Not more than 24	34	48	W. W. Marks, ditto -	E. C. Sharpin, L.R.C.P.
Derby -	Wye House, Buxton -	W. W. Horton, M.D., and Mrs. I. C. Dickson.	22	22	44	J. B. Boycott, Chapel-en-le-Frith.	H. Shipton, F.R.C.S.
Devon - <i>f.</i>	Court Hall, Kenton, Exeter	Miss B. M. Mules, M.D., and Miss A. S. Mules, L.R.C.P.	-	8	8	F. A. Pearce, Exeter -	L. P. Black, M.B.
" -	Plympton House, Plympton	Alfred Turner, M.D., and Mrs. F. M. Turner, and J. C. Nixon, M.B.	18	26	44	R. B. Johns, Plymouth -	R. H. Clay, M.D.
Durham -	Middleton Hall, Middleton St. George.	R. H. O. Garbutt, L.R.C.P., and L. Harris-Liston, M.D.	25	40	65	G. H. Watson, Darlington	D. Drummond, M.D.
Essex - <i>f.</i>	Littleton Hall, Shenfield, Brentwood.	H. E. Haynes, L.R.C.P., Miss M. G. E. Wilson, H. G. L. Haynes, L.R.C.P., and Mrs. M. Haynes.	-	25	25	H. F. Bawtree, Witham	E. A. Hunt, L.R.C.P.
Gloucester -	Northwoods, Winterbourne, Bristol.	J. D. Thomas, M.B., Mrs. R. M. P. Thomas, and Miss G. M. S. Thomas.	25	25	50	C. A. H. Montague, 65, Stoke Croft, Bristol.	{ J. R. Charles, M.D., and C. F. Coombs, M.D.
" -	The Retreat, Fairford	A. Dewar, M.D., and Mrs. E. S. King-Turner.	Not more than 25	35	50	Robert W. Ellett, Cirencester.	W. R. Cossham, M.D.

PROVINCIAL LICENSED HOUSES—*continued*.[*m.* Males only; *f.* Females only; *q.* limited to quiet and harmless cases.]

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Kent -	Malling Place, West Malling, Kent.	G. H. Adam, L.R.C.P., and H. Gray, L.R.C.P.	18	21	39	C. E. Warner, Tonbridge	T. Joyce, M.D.
Lancaster <i>f.</i>	Oaklands, Walmersley, Bury.	P. G. Mould, L.R.C.P., and Miss G. Jones.	-	14	14	John Crofton, Manchester	A. Boutflower, L.R.C.P.
"	Haydock Lodge, Ashton, Newton-le-Willows.	C. T. Street, L.R.C.P., Mrs. Mabel R. Street, J. C. Wootton, L.R.C.P., Mrs. M. Wootton, and Mrs. E. Mould.	Not more than 80	90	150	H. Hatton, Warrington	H. Langdale, M.D.
" [Liverpool City].	Tue Brook Villa, Liverpool	F. E. Ingall, F.R.C.S., J. J. Tisdall, L.R.C.P., C. J. Tisdall, and J. M. Moyes, M.B.	26	26	52	C. T. Barton, Clerk to Justices, Liverpool.	Sir J. Barr, M.D.
Lancaster -	Shaftesbury House, Formby, Liverpool.	Stanley A. Gill, M.D., Mrs. F. W. Gill, Miss V. F. D. Gill, and Mrs. E. M. Gill.	Not more than 10	40	40	G. W. Swift, 5, Clayton Square, Liverpool.	T. R. Glynn, M.D.
Norfolk [Norwich City].	Heigham Hall, Norwich	J. G. Gordon-Munn, M.D., G. S. Pope, L.R.C.P., and Mrs. L. Pope.	40	55	95	W. R. Cooper, Norwich	Lt.-Col. D. G. Thomson, C.B.E., M.D.
" <i>f.</i>	The Grove, Old Catton, Norwich	C. A. P. Osburne, F.R.C.S. Miss F. R. McLintock, and Miss M. H. McLintock.	-	21	21		
Shropshire <i>m.</i>	Stretton House, Church Stretton.	Lieut.-Col. A. A. Watson, C.M.G., D.S.O., Mrs. J. Watson and Miss M. A. Williams.	40	-	40	W. Baxter, Shirehall, Shrewsbury.	H. W. Gardner, M.D.

Shropshire	f.	Grove House, All Stretton	J. McClintock, L.R.C.P., Mrs. F. E. G. McLintock, Miss A. Thomson and Miss G. M. T. Daniel.	-	40	40	W. Baxter, Shirehall, Shrewsbury.	H. W. Gardner, M.D.
"	f.	St. Mary's House, Whit-church.	C. H. Gwynn, M.D., and Mrs. C. M. Gwynn.	-	6	6	Ditto	Ditto.
"	-	Boreatton Park, Baschurch, near Shrewsbury.	E. H. O. Sankey, M.B., and Mrs. C. Sankey.	12	18	30	Ditto	Ditto.
Somerset	-	Brislington House, Bristol	Mrs. A. Fox, J. M. Rutherford, M.B., H. F. Fox, and R. A. Fox.	44	62	106	C. F. Whittuck, Bath	{ R. S. Smith, M.D., R. E. Moorhead, L.R.C.P., J. R. Charles, M.D., E. W. Moore, M.B., G. S. Pope, L.R.C.P., and H. T. S. Aveline, M.D.
"	-	Bailbrook House, Bath-easton.	N. Lavers, M.D., E. M. Wright, and Mrs. B. G. Le M. Lavers.	Not more than 6	40	44		
Stafford	-	Ashwood House, Kingswin-ford, Dudley.	H. G. Peacock, L.R.C.P., and J. F. G. Pietersen, L.R.C.P.	11	20	31	Eustace Joy, County Buildings, Stafford.	C. Reid, M.B.
"	f.	Moat House, Tamworth	Mrs. S. A. Michaux and Claude Hollins.	-	16	16	Ditto	Ditto.
Surrey	f.	The Silver Birches, Church-street, Epsom.	Miss M. O. Daniel and E. G. C. Daniel, M.B.	-	12	12	T. W. Weeding, County Hall, Kingston-on-T.	F. C. Gayton, M.D.
Sussex, East	-	Ticehurst House	C. F. McDowall, M.D., Major C. M. Hayes Newington, and C. Newington.	47	45	92	H. J. T. McIlveen, County Hall, Lewes.	F. Fawssett, M.B.
"	- f.	St. George's Retreat, Burgess Hill.	Miss Ward, Miss McEvoy, Miss Stoker, Miss Doran, and Miss Slattery.	-	75	75	Ditto	Ditto.
"	- f.	Periteau House, Winchelsea, Rye, S.O.	H. Baird, M.D., and Mrs. I. M. Baird	-	5	5	Ditto	Ditto.
" [Hastings Borough] q.f.	-	Ashbrook Hall, Hollington	Charles E. H. Somerset and Mrs. E. M. Somerset.	-	6	6	F. G. Langham, 44A, Robertson-street, Hastings.	E. R. Mansell, L.R.C.P.
Warwick	-	Glendossill, Henley-in-Arden,	W. Agar, L.R.C.P., and John J. Agar.	12	28	40	S. R. Field, Leamington	T. W. Thursfield, M.D.
Wilts [New Sarum City].	-	The Old Manor, Salisbury	Sir Cecil H. E. Chubb, LL.B., and S. E. Martin, M.B.	-	-	600*	A. C. Jonas, Salisbury	{ H. P. Blackmore, M.D., and E. T. Fison, M.D.

* Not more than 400 to be of the Private Class.

PROVINCIAL LICENSED HOUSES—continued.

[f. Females only.]

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Wilts -	Laverstock House, Salisbury	J. R. Benson, F.R.C.S., and Lt.-Col. C. B. Benson, D.S.O.	35	35	70	W. L. Bown, Trowbridge	C. R. Straton, F.R.C.S.
" -	Fiddington House, Market Lavington, Devizes.	J. R. Benson, F.R.C.S., Mrs. E. Benson, Lt.-Col. C. B. Benson, D.S.O., and Miss K. Phipps.	13 to 17	13 to 17	30	Ditto	G. S. A. Waylen, L.R.C.P.
" -	Kingsdown House, Box -	H. C. MacBryan, L.R.C.P., Mrs. A. K. MacBryan, John C. W. MacBryan, and Lt. R. R. MacBryan.	Not more than 13	43	43	Ditto	W. T. Briscoe, M.D.
York, W.R. f.	Greta Bank, Burton-in-Lonsdale, Kirkby Lonsdale.	Miss Sarah J. Perkin, J. C. Wootton, Mrs. Edith Mould, and C. T. Street, L.R.C.P.	10 or 10	10	10	W. H. Coles, Wakefield -	{ L. T. Wells, L.R.C.P., and J. F. Dow, M.D.
" [Rotherham Borough] f.	The Grange, Kimbworth, Rotherham.	W. C. S. Clapham, M.D., M.R.C.P., and G. E. Mould, L.R.C.P.	-	20	20	C. L. des Forges, Rotherham.	A. Robinson, M.D.
York, City - f.	The Pleasaunce, Heworth, York.	L. D. H. Baugh, M.B., and Mrs. J. S. Baugh, M.B.	-	22	22	H. V. Scott, York -	D. S. Long, M.D.

LIST of STATE and CERTIFIED INSTITUTIONS, CERTIFIED HOUSES, and APPROVED HOMES under the MENTAL DEFICIENCY ACT, 1913, with the Names of Managers or Owners, Clerks to Visitors, and the Number and Class of Patients.

(Corrected to July, 1922.)

STATE INSTITUTION.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Name of Superintendent.	Number and Class of Patients.
Nottingham	Rampton, Retford	The Board of Control, 66, Victoria Street, London, S.W.1.	W. R. Thomas, M.D.	220 male and 80 female defectives of dangerous or violent propensities.

CERTIFIED INSTITUTIONS.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Berkshire	Cumnor Rise, Cumnor	The Oxford Branch of the National Association for Promoting the Welfare of the Feeble-minded. Hon. Sec. of Branch:—Hon. P. Bruce, Radcliffe House, St. Giles, Oxford.	J. T. Morland, Shire Hall, Reading.	33 feeble-minded females, not more than 5 of whom are to be private patients. The age of admission is from 14 years. Epileptics and fallen women not taken. Poor Law cases received.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Cambridge -	Littleton House School. Girton, Cambridge.*	Committee of Management - - -	A. Tabrum, Clerk of the Peace, Cam- bridge.	9 male defectives. Imbeciles and feeble-minded. 5 cases to be over 16 years of age; 4 cases under 16 years of age to be of a degree of mental defect such as would permit of their being housed and instructed with the children for whom the School is primarily intended. <i>Certified by Board of Education for 42 boys.</i>
Cheshire -	Ashton House (Seaside Laundry Home), Park- gate, Chester. Sandlebridge, Alderley Edge.*	Liverpool Ladies' Association for the Care and Training of Girls. Incorporated Lances and Cheshire Society for the Permanent Care of the Feeble- minded. Hon. Sec.:—J. S. Walker, 54, Kenwood Road, Stretford, Manchester. Westminster Diocesan Education Fund - Sec.:—T. W. Hunter, Archbishop's House, Victoria Street, London, S.W. 1.	R. Potts, Northgate Street, Chester. Do. do.	40 high-grade feeble-minded girls. Ad- mission over 14 years of age. 295 higher-grade defectives of either sex. <i>Certified by Board of Education for 115 boys and 85 girls.</i>
Cumberland (Carlisle C.B.)	Durran Hill House, Carlisle.	The Incorporation of National Institutions for Persons requiring Care and Control. Warden:—Rev. H. N. Burden, 14, Howick Place, Victoria Street, London, S.W. 1. Committee of Management - - -	A. H. Collingwood, 15, Fisher Street, Carlisle. J. B. Boycott, Chapel - en - le - Frith.	65 feeble-minded Roman Catholic females, aged 16 years and over. Criminals and fallen women not ac- cepted. Poor Law cases received. 400 female patients.
Derby -	Whittington Hall (Mid- land Counties Institu- tion), Chesterfield.†		J. L. Pengelly, The Court House, Exeter.	53 female feeble-minded patients. 47 at Devon and Exeter Home and 6 at The Chantry.
Devon (Exeter C.B.)	The Devon and Exeter Home of the Good Shepherd, Holloway Street, Exeter; <i>with ancillary premises,</i> The Chantry, Exeter.			

Dorset	Stoke Lyne, Withycombe, Exmouth.	County Council of Devon	J. A. Pearce, Exeter	49 male defectives: 16 years of age and under, and 1 male and 3 female adults. All classes within the meaning of the Act.
	Western Counties Institution, Starcross, near Exeter; * with ancillary premises, Elm Court, Starcross.	Committee of Management	Do.	230 males and 106 females. Certified by Board of Education for 83 boys or girls.
	Mount Tabor, Lower Parkstone.	The Sisters of the Transfiguration	E. A. Ffookes, Clerk of the Peace, Dorchester.	38 females, feeble-minded and moral imbeciles.
Durham	Monkton Hall Home for Lads, Monkton, Jarrow-on-Tyne.	The Committee of the North-Eastern Association for the Care of the Feeble-minded.	G. H. Watson, Darlington.	16 female feeble-minded mental defectives over school age.
	St. Catherine's Home, Allergate, Durham.	Hon. Sec.:—Dr. Ethel Williams, 3, Osborne Terrace, Newcastle-upon-Tyne.		48 male feeble-minded cases. Age on admission, 16 to 20 years.
Essex	Bigod's Hall, near Dunmow, Essex.*†	Committee of Management	Do.	6 female defectives. Feeble-minded and moral imbeciles to be under the age of 18 years at time of admission.
	Brunswick House, Mistley.	Do.	H. F. Bawtree, Witham.	6 male patients. Imbeciles and feeble-minded up to the age of 16 years.
	The Co-operative Sanatorium (New Lodge, Leon House, The Homestead and St. Keverne), Billericay.	The London Asylums and Mental Deficiency Committee. Clerk:—H. F. Keene, O.B.E., Fitzalan House, 13, Arundel Street, Strand, W.C.2. The Co-operative Sanatoria, Ltd. Sec.:—E. L. Coppin, New Lodge, Billericay, S.O.	Do.	61 boys. 50 male patients, not less than 16 years of age. Reserved for London cases only.
			Do.	56 male patients, excepting those who are dangerous to themselves or others, runaways, or who require physical restraint and are unsuitable for care on the "open-door" system.

* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Secretary.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Essex—cont.	<p>Etløe House, Church Road, Leyton, E.10.</p> <p>Royal Eastern Counties Institution, Colchester, *with ancillary premises, Lexden House, Colchester, East Hill House School, Colchester, Hillsleigh, 10, East Hill, Colchester, and Greenwood Schools, Halstead.</p>	<p>Thos. William Hunter, Walter McDonnell Kelly, and Daniel Carroll.</p> <p>Board of Directors - - - -</p>	<p>H. F. Bawtree, Witham.</p> <p>C. W. Denton, 8, East Stockwell Street, Colchester.</p>	<p>122 feeble-minded females, from 16 years of age and of the Roman Catholic religion. Poor Law cases received.</p> <p>512 male and female patients.</p> <p><i>Certified by Board of Education for 75 boys or girls.</i></p> <p>Lexden House—65 adult female defectives.</p> <p>East Hill House—60 male defectives, of whom 4 may be cases over 16 years of age.</p> <p>Hillsleigh—40 boys of school age.</p> <p>Greenwood—90 female defectives.</p>
Glamorgan	<p>Walsham How Home, 1, Forest Rise, Walhamstow.</p> <p>Drymma Hall, Skewen, near Neath.</p>	<p>The Church Army. Secretary:—Miss Pierce, 57, Bryanston Street, Marble Arch, W.1.</p> <p>Glamorgan M.D. Committee - - -</p>	<p>H. F. Bawtree, Witham.</p> <p>W. E. R. Allen, County Hall, Cardiff.</p>	<p>42 female patients, feeble-minded and moral imbeciles.</p> <p>70 female defectives. All classes within the meaning of the Act.</p>
Gloucester	Brenty Certified Institution, Westbury-on-Trym, Bristol.	<p>Board of Management - - -</p> <p>Hon. Sec.:—Rev. H. N. Burden, 14, Howick Place, Westminster, S.W.1.</p> <p>Samuel Gilbert Jones and Miss Harriett Catherine Wemyss.</p>	<p>C. A. H. Montague, 65, Stoke Croft, Bristol.</p> <p>E. T. Gardom, Shire Hall, Gloucester.</p>	<p>230 defectives. All classes within the meaning of the Act, being males over the age of 18 years.</p> <p>29 female feeble-minded cases. Age on admission 14 to 25 years, and of the Church of England. Cases over the age of 25 to be received only with the previous consent of the Board.</p>

	Stoke Park, Bristol, with ancillary premises : Royal Victoria Home, Horfield, Bristol, Clevedon Hall, Clevedon, Somerset, Beech House and Heath House, and Hanham Hall, Hanham, and Leigh Court, Abbot's Leigh, near Bristol.†	The Incorporation of National Institutions for Persons requiring Care and Control. Warden :—Rev. H. N. Burden, 14, Howick Place, Victoria Street, London, S.W. 1.	C. A. H. Montague, 65, Stoke Croft, Bristol.	Stoke Park - Royal Victoria Home - Clevedon Hall - Beech House - Heath House - Hanham Hall - Leigh Court - Total not to exceed - Males - Females - Class :—Defectives of all classes within the meaning of the Act.	Patients. Males and Females. 750 42 108 Males. 90 88 240 Females. 260 1,578 768 960
(Bristol C.B.) -	Chasefield Laundry Home, 874, Fishponds Road, Fishponds, Bristol.	The Sub-Committee of the Bristol Preventive Mission (for the management of Chasefield). Hon. Secs.:—Miss Alice Mary Lavington and Miss Clara E. Sheppard, Stoberry Lodge, 18, Ashgrove Road, Redland, Bristol.	A. J. Esbester, 5, Knowle Road, Bristol.	40 female feeble-minded Poor Law cases received.	
Hampshire -	St. Mary's Home, Alton, Hants, with ancillary premises :	Sisters of the Community of St. Mary the Virgin, of Wantage, Berks.	H. Barber, The Castle, Winchester.	64 defectives of the female sex and over the age of 16 years, who might have had illegitimate children. Poor Law cases received. Not more than 45 at St. Mary's Home, Alton.	

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† Certified as a Special Industrial School by Home Secretary.

CERTIFIED INSTITUTIONS—continued.

COUNTY OR COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Hampshire—cont.	The Home of the Holy Rood, Worthing, and St. Bridget's House, Spelthorne St. Mary, Bedfont, Feltham.		S. Thornely, 51, East Street, Horsham.	Not more than 12 at the Home of the Holy Rood.
Herts - - -	Hillside, Buntingford, Herts.† Kingsmead Schools, Ware Road, Hertford.*	Westminster Diocesan Education Fund Sec.:—T. W. Hunter, Archbishop's House, Westminster, London, S.W.1. Managers appointed by the Herts County Council.	E. S. W. Hart, Guildhall, Westminster, S.W.1. Sir Chas. E. Longmore, K.C.B., Hertford. Do. do.	Not more than 7 at St. Bridget's House. 45 males suitable to be housed and instructed with children, for whom the school is primarily intended. 22 defectives. All classes. 10 adult females and 12 of an age and degree of mental defect such as would permit of their being housed and instructed with children, for whom the School is primarily intended. <i>Certified by Board of Education for 70 boys and 56 girls.</i>
Kent - - -	St. Elizabeth's Home for Epileptics, Much Hadham.*†	The Very Rev. Canon Sutcliffe, Paul Strickland, Esq., F. W. Sherwood, Esq., Sir Charles Cuffe, K.C.B. Sec.:—T. W. Hunter, Archbishop's House, Westminster, S.W.1.	Do. do.	School—3 males and 3 females. <i>Certified by Board of Education for 14 boys and 42 girls.</i> Colony—84 adult females. Idiots, imbeciles, and feeble-minded cases of the Roman Catholic religion. 65 males, 68 females.
Lancashire - -	Princess Christian's Farm Colony, Hildenboro', Kent. Adcote (Laundry and Training Home), Pileh Lane, Knotty Ash, Liverpool.	National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W.1. The Liverpool Ladies' Association for the Care and Training of Girls. Hon. Sec.:—Mrs. H. Pilkington, Wheat-hill, Huyton, near Liverpool.	C. E. Warner, Tonbridge. G. W. Swift, 5, Clay-ton Square, Liverpool.	19 high-grade feeble-minded girls; age on admission over 14 years. Roman Catholics not received.

(Liverpool C.B.)	Allerton Priory R.C. Special (M.D.) School, Woolton, Liverpool.*†	Board of Management Hon. Sec.:—Rt. Rev. Mgr. Canon Pinnington, The Presbytery, Great Mersey Street, Liverpool.	C. T. Barton, Clerk to Justices, Liverpool.	5 males and 10 females. Feeble-minded cases under the age of 16 years, and such as can be conveniently and properly trained with the other children in the Institution; with the previous consent of the Board, cases over the age of 16 may be received. <i>Certified by Board of Education for 24 boys and 82 girls.</i>
	Calderstones, Whalley, near Blackburn, with ancillary premises: Brocktall, Langho, near Blackburn.	Lancashire Asylums Board: The Clerk, County Offices, Preston.	L. Cotman, 8, Lune Street, Preston.	2,408 mental defectives. 1,050 males and 1,050 females at Calderstones and 308 cases at Brockhall. All classes, including epileptics, within the meaning of the Act.
	Dovecot (Horticultural School), Knotty Ash, Liverpool.*†	The Liverpool Ladies' Association for the Care and Training of Girls. Hon. Sec.:—Mrs. Odgers, 17, Sunny Side, Princes Park, Liverpool.	G. W. Swift, 5, Clayton Square, Liverpool.	30 feeble-minded females; 26 over the age of 16 and 4 of an age and of a degree of mental defect such as would permit of their being housed and instructed with the children for whom the school is primarily intended. <i>Certified by Board of Education for 36 girls.</i>
	Gillibrand Hall, Chorley	Committee of Management	L. Cotman, 8, Lune Street, Preston.	40 female feeble-minded cases. Principally adults with a limited number of children under 16.
Do. - -	The Home, 4, Everton Terrace, Liverpool.	Do. do.	C. T. Barton, Clerk to Justices, Liverpool.	15 female defectives. Feeble-minded and moral imbeciles over the age of 16 years.
Do. - -	The Liverpool Magdalen Home, 8, Mt. Vernon Green, Liverpool.	Do. do.	Do.	5 female patients. Feeble-minded and moral imbeciles over 18 years of age.

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† Certified as a Special Industrial School by Home Secretary.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. O.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
	Pontville R.C. Special School, Aughton, Ormskirk.*†	Rt. Rev. Mgr. Canon Pinnington, Rev. James Boniface McKinley, Miss Mary Sylvester Halpin, Miss Kathleen Kilmartin, Miss Mary Murphy, and Ralph Leigh Collison. Hon. Sec. :—Rt. Rev. Mgr. Canon Pinnington, The Presbytery, Great Mersey Street, Liverpool.	G. W. Swift, 5, Clayton Square, Liverpool.	10 male patients: Roman Catholic feeble-minded children between the ages of 5 and 16 years. <i>Certified by Board of Education for 98 boys and 15 girls.</i>
	Royal Albert Institution, Lancaster.	Central Committee of Management - -	J. T. Sanderson, 67, Church Street, Lancaster.	461 males and 289 females.
Leicester - - (Leicester C.B.)	Cross Corneis, Belgrave, Leicester.	The County Borough Council of Leicester, Clerk of the M.D. Committee, Alliance Chambers, Horsefair Street, Leicester.	T. H. Wright, London Road, Leicester.	32 female feeble-minded cases.
London - -	39, Downs Road, Clapton, E.5, <i>with ancillary premises:</i>	The Committee of The Girls' Training Homes, Clapton. Hon. Sec. :—Miss C. Tozer, 39, Downs Road, Clapton, London, E.5.	Jno. Dix, Sessions House, Newington, S.E. 1.	25 feeble-minded females, aged 8 years and upwards, all of childish attainments and habits; must be Protestants. Not more than two to be private patients.
	41, Downs Road, Clapton, E.5,	Do. do. - - -	Do. do.	25 feeble-minded females, aged 16 years and upwards; must be Protestants.
	46-48, Pembury Road, Clapton, E.5. <i>and</i>	Do. do. - - -	Do. do.	30 feeble-minded females, aged 16 years and upwards; must be Protestants. Not more than two to be private patients.
	The Helping Hand Home, 16, Cathcart Hill, Highgate, N.19.	Committee of the Association for Helping Mentally Deficient Children. Hon. Sec. :—Mrs. Geoffrey Russell, 20, Gower Street, W.C. 1.	Do. do.	30 female feeble-minded cases, preferably from the age of 16 years.

London Lock Hospital, 283 Harrow Road, W. 9.	Committee of Management - - -	Do.	do.	5 female feeble-minded and moral imbeciles.
South Side Home, Streatham Common, S.W. 16.	The London Asylums and M.D. Committee. Clerk:—H. F. Keene, O.B.E., Fitzalan House, 13. Arundel Street, Strand, W.C.2.	Do.	do.	80 females. Imbeciles, feeble-minded and moral imbeciles. Higher-grade cases, chiefly above 16 years of age, but including some younger children and physically defective cases, to be accommodated on the ground floor. Reserved for London cases only.
Springfield Lodge, Grove Hill Road, Denmark Hill, S.E. 5.	Miss Adelaide Cox, Commissioner for Women's Social Work of the Salvation Army, 280, Mare Street, Hackney, E.8.	Do.	do.	28 female feeble-minded cases, aged 18 to 40 years.
Bramley House, Clay Hill, Enfield.	Middlesex Mental Deficiency Committee - Clerk:—H. Scott Freeman, Staines.	E. S. W. Hart, Guildhall, Westminster. S.W.1.		45 female feeble-minded cases, aged 16 years and upwards.
Crathorne, Oak Lane, East Finchley, N. 2.	The Church Army - - - - - Sec.:—Miss Pierce, 57, Bryanston Street, London, W. 1.	Do.	do.	32 mothers and their children who are feeble-minded or moral imbeciles. The number of mothers never to exceed 20, and no child to be retained beyond the age of 7 years. Poor Law cases received
Pield Heath House School, Hillingdon, Uxbridge.*†	The Very Rev. Canon Sutcliffe, Paul Strickland, Esq., F. W. Sherwood, Esq., Miss Mary M. Sutcliffe, and Thomas W. Hunter, Esq.	Do.	do.	10 females. Feeble-minded and moral imbeciles of the Roman Catholic religion. <i>Certified by Board of Education for 62 girls.</i>
St. Bridget's House, Spelthorne St. Mary, Bedford, Feltham.	See under County of Hampshire—St. Mary's Home, Alton.			
The Friars, Fryern Lawn, Bridgwater.	Miss A. E. Best - - - - -	C. E. Hagon, Bridgwater.		17 female defectives. Feeble-minded and moral imbeciles.

* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Secretary.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Somerset - (Bath C.B.)	The House of Help for Women and Girls, 112, Walcot Street, Bath.	Board of Management - - - Sec.:—Miss Twiss, 112, Walcot Street, Bath.	F. N. Fuller, LL.B., Bath.	66 female feeble-minded defectives.
Do.	Rock Hall House (Magdalen Hospital School), Combe Down, Bath. Stoke Park, Bristol, with ancillary premises. Yatton Hall, Yatton, near Bristol.	Municipal Charity Trustees of the City of Bath. <i>See under</i> County of Gloucester. County Council of Somerset - - - Sec.:—C. E. Newnan, 14, Boulevard, Weston-super-Mare.	Do. do C. F. Whittuck, 2, Northumberland Buildings, Bath.	38 children of both sexes.
Stafford -	The Cloughs, Keele Road, Newcastle-under-Lyme.	Committee of Management - - -	H. Poole, Newcastle-under-Lyme.	35 mental defectives, of both sexes, of whom not more than 4 may be high-grade girls between the ages of 16 and 20 years, and the remainder low-grade cases—children under 16 years of age, except with the consent of the Board, and provided each child is in all respects suitable to be living in a house where the sexes are associated.
Suffolk -	Handford Home, Ranelagh Road, Ipswich. St. Joseph's Home, The Croft, Sudbury.	Do. do. Miss Mary Jane Halpin, Rev. Augustine Peacock, Major Frederick Goat, Miss Mary Sebastian Murray.	A. J. Day, 9, Tower Street, Ipswich. T. M. Braithwaite, Sudbury.	50 defectives of all classes within the meaning of the Act : males up to the age of 14 years and females of all ages. 20 females. High-grade feeble-minded cases—age on admission 8 to 18 years.
Surrey -	The Manor Institution, Epsom, Surrey.	London Asylums and Mental Deficiency Committee.	T. W. Weeding, County Hall, Kingston - on - Thames.	20 feeble-minded females from 16 to 20 years of age, and of the Roman Catholic religion. Poor Law cases received. 589 male and 414 female mental defectives. All classes within the meaning of the Act.

	Board of Management	Do.	About 600 patients of both sexes.
Sussex, West	The Royal Earlswood Institution for Mental Defectives, Redhill.	Do.	
Warwick	The Home of the Holy Rood, Worthing.	Do.	
(Birmingham C.B.)	Midland Counties Institution, Knowle, near Birmingham.	Do.	
	The Agatha Stacey Home, Rednal, near Birmingham.	Do.	
	The Agatha Stacey Home, Enniskerry, Knowle, Warwick.	Do.	
Worcester	Besford Court Home, near Defford.*†	Do.	
Yorks, W.R.	Rawcliffe Hall, near Goole.	Do.	
(Leeds C.B.)	Farfield Girls' Training Home, Theaker Lane, Armley.	Do.	
Do.	Meanwood Park Colony, Meanwood, Leeds.	Do.	
	See under County of Hampshire—St. Mary's Home, Alton.	Do.	
	General and Managing Committee	S. R. Field, Leamington.	150 patients of both sexes.
	The Committee of the Agatha Stacey Home (No. 1). Financial Sec.:—Miss C. P. Fleetwood, Depot, 158, Broad Street, Birmingham.	C. E. Barker, Birmingham.	40 female feeble-minded patients over 15 years of age.
	The Committee of the Agatha Stacey Home (No. 2). Financial Sec.:—Miss C. P. Fleetwood.	S. R. Field, Leamington.	24 high-grade female feeble-minded patients over 15 years of age.
	Committee of Management	J. L. Wood, Guildhall, Worcester.	37 male defectives; 12 cases of an age and of a degree of mental defect such as would permit of their being housed and instructed with the children for which the school is primarily intended; and 25 additional defectives over 16 years.
	West Riding Mental Defective Committee Sec.:—W. H. Brown, County Hall, Wakefield.	W. H. Coles, Burton Street, Wakefield.	<i>Certified by Board of Education for 119 boys.</i> 130 female defectives. All classes within the meaning of the Act—10 years of age and upwards.
	Leeds Mental Defective Committee Correspondent:—S. Wormald, Executive Officer, 33, Park Square, Leeds.	F. Richards, Town Hall, Leeds.	47 female defectives. Imbeciles and feeble-minded (high-grade mentally defective young women who are trainable).
	Do.	Do.	45 male and 52 female defectives. Idiots, imbeciles and feeble-minded. 35 male cases to be not more than 14 years of age and 10 to be cases over 15 years of age and of the employable class.

* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Secretary.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
(Bradford C.B.)	Mid-Yorks Certified Institution, Whixley, Yorks.	Mid - Yorkshire Joint Board for the Mentally Defective. Clerk :—Sir Robert Fox, Town Clerk's Office, Pearl Chambers, East Parade, Leeds.	W. H. Coles, Burton Street, Wakefield.	140 male defectives. All classes within the meaning of the Act.
	Ashfield, 269, Thornton Road, Thornton, near Bradford.	The County Borough Council of Bradford - Clerk :—F. Stevens, Town Hall, Bradford.	T. Gill, Bradford	47 male able-bodied defectives over the age of 7 years.
	Westwood, Clayton Heights, Clayton, near Bradford.	Do. do.	W. H. Coles, Burton Street, Wakefield.	48 females. All classes within the meaning of the Act.
	Wales Court, Wales, Kiveton, Sheffield.	Sheffield Mental Deficiency Committee -	Do. do.	40 males. All classes within the meaning of the Act.
Yorks, E.R.	Tilworth Grange, Sutton, Hall.	Kingston-on-Hull County Borough Council	J. Bickersteth, County Hall, Beverley.	50 female defectives. All classes within the meaning of the Act.

INSTITUTIONS APPROVED UNDER SECTION 37.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Anglesey - -	Valley, Anglesey - -	The Guardians: Holyhead Union - -	Walter Jones, Clerk of the Peace, Llangefni.	10 adult female defectives.
Bedford - -	Kimbolton Road, Bedford.	Do. Bedford Union - -	Mark Whyley, Clerk of the Peace, Bedford.	12 adult female defectives.
Berks - -	Dunstable Road, Luton -	Do. Luton Union - -	W. W. Marks, Shire Hall, Bedford.	6 male and 6 female adult defectives; feeble-minded and moral imbeciles.
- -	Abingdon, Berks - -	Do. Abingdon Union - -	C. A. Pryce, Abingdon.	6 adult female defectives.
- -	Bradfield, near Reading	Do. Bradfield Union - -	J. T. Morland, Shire Hall, Reading.	8 female adult defectives. Feeble-minded cases.
Brecknock - -	Brecon, South Wales -	Do. Brecknock Union - -	H. F. W. Harries, County Hall, Brecon.	6 adult female defectives.
Bucks - -	London Road, Newport Pagnell.	Do. Newport Pagnell Union -	W. N. Midgley, High Street, Winslow.	20 male and 10 female adult defectives.
- -	Winslow - -	Do. Winslow Union - -	Do. Do.	20 males and 20 females. Imbeciles and feeble-minded.
Cambridge - -	81A, Mill Road, Cambridge.	Do. Cambridge Union - -	G. S. Todd, Guildhall Chambers, Cambridge.	4 male and 10 female adult defectives. Suitable for treatment in a common ward.
- -	The Rus House, Linton -	Do. Linton Union - -	A. Tabnun, Clerk of the Peace, Cambridge.	4 male and 4 female adult; feeble-minded and moral imbeciles.
Isle of Ely - -	Lynn Road Wisbech -	Do. Wisbech Union - -	C. E. F. Copeman, County Hall, March.	5 female adult defectives.
- -	Chesterton - -	Do. Chesterton Union - -	Do. do.	2 male and 4 female adult defectives.
Carnarvon - -	Bodvan, Carnarvon - -	Do. Carnarvon Union - -	The Clerk of the Peace, Carnarvon.	15 males and 15 females under the age of 16 years.

INSTITUTIONS APPROVED UNDER SECTION 37—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Cheshire - - (Birkenhead C.B.)	Birkenhead Union Sanatorium, Tranmere, Birkenhead.	The Guardians: Birkenhead Union -	Edmund Spencer, Justices' Clerk's Office, Birkenhead.	24 adult defectives.
	Tarvin House, Boughton Heath, Chester.	Do. Tarvin Union -	R. Potts, Northgate Street, Chester.	15 male and 40 female adult defectives.
Cornwall - -	Bodmin - - -	Do. Bodmin Union -	W. L. Platts, Clerk of the Peace, Truro.	5 male and 20 female defectives.
	Falmouth - - -	Do. Falmouth Union -	Do. do.	24 males and 10 female defectives; 14 boys under 16 years of age.
	St. Columb Major -	Do. St. Columb Major Union	Do. do.	10 male and 10 female adult defectives.
Denbigh - -	Ruthin - - -	Do. Ruthin Union -	W. R. Evans, Ruthin	12 female adult defectives.
Derby - -	Chesterfield - -	Do. Chesterfield Union -	J. B. Boycott, Chapel-en-le-Frith.	8 adult females.
(Derby C.B.)	Utttoxeter Road, Derby -	Do. Derby Union -	W. H. Whiston, Derby.	26 adult female defectives.
	Shire Hill View, Glossop	Do. Glossop Union -	J. B. Boycott, Chapel-en-le-Frith.	9 female adults; imbecile and feeble-minded defectives.
Devon - -	Crediton - - -	Do. Crediton Union -	J. A. Pearce, Exeter	12 adult females.
(Plymouth C.B.)	Ford House, Wolseley Road, Devonport.	Do. Devonport Union -	J. Bone, Plymouth.	50 adults of each sex.
(Exeter C.B.)	Heavitree Road, Exeter	Do. Exeter Union -	J. I. Pengelly, The Court House, Exeter.	12 adults of each sex.
	Honiton - - -	Do. Honiton Union -	J. A. Pearce, Exeter	6 female adults.
Do. - -	St. Thomas, Exeter -	Do. St. Thomas' Union -	J. I. Pengelly, The Court House, Exeter.	6 male and 12 female adult defectives.
	1, North Road, South Molton.	Do. South Molton Union -	R. B. John, Plymouth.	15 male and 24 female adult defectives.

Dorset	-	St. Andrew's Road	Do.	Bridport Union	-	J. L. Torr, Dorchester.	6 female adults.
Durham	-	Feetham Infirmary, Yarm Road, Darlington.	Do.	Darlington Union	-	G. H. Watson, Darlington.	4 of each sex. Idiots, imbeciles, and feeble-minded.
(Darlington C.B.)	-	Gateshead - - -	Do.	Gateshead Union	-	Do. do.	20 adults of each sex.
(Gateshead C.B.)	-	"Highfield," Hylton Road, Sunderland.	Do.	Sunderland Union	-	C. W. P. Barker, Sunderland.	6 adults of each sex.
(Sunderland C.B.)	-	Saffron Walden -	Do.	Saffron Walden Union	-	C. S. D. Wade, Clerk of the Peace, Saffron Walden.	6 adults of each sex.
Essex	-	Tendring, Weeley, R.S.O.	Do.	Tendring Union	-	H. F. Bawtree, Witham.	46 adults of each sex.
(West Ham C.B.)	-	The Forest Gate Sick Home,* Forest Lane, West Ham.	Do.	West Ham Union	-	J. H. Jackson, Police Court, West Ham, E.15.	10 male and 30 female adult defectives and 10 male and 15 female defectives under the age of 16 years <i>Certified by Board of Education for 15 cases.</i>
Flint	-	St. Asaph - - -	Do.	St. Asaph Union	-	H. A. Tilby, County Offices, Mold.	6 adult defectives of each sex.
Glamorgan	-	Cowbridge Road, Ely, near Cardiff.	Do.	Cardiff Union	-	W. E. R. Allen, Glamorgan County Hall, Cardiff.	30 adult defectives of each sex.
(Cardiff C.B.)	-	Stapleton, Bristol -	Do.	Bristol Union	-	A. J. Esbester, Petty Sessional Court House, Bristol.	40 male and 60 female adult defectives.
Gloucester	-	South Mead Infirmary, Bristol.	Do.	do.	-	Do. do.	40 of each sex. 76 being under 16 years of age and 4 females over 16 years to assist in the work of the Institution.
(Bristol C.B.)	-	Cirencester - - -	Do.	Cirencester Union	-	R. W. Ellett, Cirencester.	26 male and 26 female defectives.
Do.	-	Northleach - - -	Do.	Northleach Union	-	C. A. H. Montague, 65, Stoke's Croft, Bristol.	10 adults of each sex.
	-	Stow-on-the-Wold -	Do.	Stow-on-the-Wold Union	-	E. T. Gardom, Shire Hall, Gloucester.	5 male and 10 female adult defectives.

* Certified as a Special School by Board of Education.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Gloucester - (Bristol C.B.)— <i>cont.</i> —	Gloucester Road, Winchcomb.	The Guardians: Winchcomb Union -	C. A. H. Montague, 65, Stoke's Croft, Bristol.	14 feeble-minded adults of each sex.
Hereford -	Ross -	Do. Ross Union -	J. R. Symonds, Hereford.	15 adult defectives of each sex.
Herts -	60, Vicarage Road, Watford.	Do. Watford Union -	Sir Chas E. Longmore, K.C.B., Hertford.	15 female adult defectives.
Huntingdon -	Huntingdon -	Do. Huntingdon Union -	J. P. Maule, Huntingdon.	6 adult defectives of each sex. Feeble-minded and moral imbeciles.
Isle of Wight -	Parkhurst, Newport, Isle of Wight.	Do. Isle of Wight Union -	H. Barber, The Castle, Winchester.	5 males and 5 females. Idiot, imbecile, or feeble-minded defectives between the ages of 16 and 60 years.
Kent - (Canterbury C.B.)	Canterbury -	Do. Parish of Canterbury -	T. A. Bowen, Clerk to Justices, Canterbury.	2 male and 8 female adult defectives.
	Hartley, Cranbrook -	Do. Cranbrook Union -	Charles E. Warner, Tonbridge.	10 male and 20 female adults.
	Eastry, Kent -	Do. Eastry Union -	Do. do.	20 male and 24 female adult defectives.
	Sundridge, Sevenoaks -	Do. Sevenoaks Union -	Do. do.	10 male and 20 female adults.
	Tenterden -	Do. Tenterden Union -	A. H. Latter, Tenterden.	55 female defectives, 35 not exceeding 21 years of age.
Lancashire -	Fishpool Institution, Farnworth, near Bolton.	Do. Bolton Union -	J. Crofton, 36, Brazennose Street, Manchester.	49 male and 54 female adult defectives. Feeble-minded and moral imbeciles.

	The Gill, Ulverston	The Guardians : Ulverston Union	J. T. Sanderson, 67, Church Street, Lancaster.	50 adult female patients.
	Seafeld House, Seaforth, near Liverpool.	Do.	G. W. Swift, 5, Clayton Square, Liverpool.	80 males and 189 females.
Leicester	Billesdon, nr. Leicester	Do.	W. J. Freer, 10, New Street, Leicester.	8 male and 14 female adult defectives.
	North Evington, Leicester Loughborough	Do.	Do.	20 male and 20 female adult defectives.
		Do.	Do.	16 female adult defectives.
Lincoln (Lindsey)	The Home, Caistor	Do.	E. W. Scorer, Lincoln.	6 female adult defectives.
Do.	181, Lea Road, Gainsborough.	Do.	Do.	12 male and 12 female adult defectives.
(Kesteven)	Dysart Road, Grantham	Do.	R. M. White, Grant-ham.	2 male and 15 female adult defectives.
(Lindsey)	Horncastle	Do.	E. W. Scorer, Lincoln.	12 male and 6 female adult defectives.
(Lincoln C.B.)	Lincoln	Do.	E. E. Tweed, Lincoln.	10 adult defectives of each sex. Idiots, imbeciles, and feeble-minded.
(Kesteven)	East Road, Sleaford	Do.	A. D. Piper, Sleaford.	1 male and 5 female adult defectives.
(Lindsey)	The Gables, Hundleby, Lincs.	Do.	E. W. Scorer, Lincoln.	6 male and 12 female adult defectives.
(Kesteven)	Stamford	Do.	A. D. Piper, Sleaford.	6 adult female defectives. Feeble-minded cases.

INSTITUTIONS APPROVED UNDER SECTION 37--continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. O.B.=County Borough.	Address of the Institution.	Names of Managers or Owners	Clerk to Visitors.	Number and Class of Patients.
London	28, Marloes Road, W. 8 -	The Guardians : Parish of St. Mary Abbotts	John Dix, Sessions House, Clerkenwell, E.C.1.	60 females. Women and girls of the type constantly "in and out," and those who have illegitimate children dependent on them, provided they are suitable for the accommodation available, without special limit of age. Juvenile trainable cases.
	The Metropolitan Asylums Board Certified Institution.	The Metropolitan Asylums Board, Embankment, London, E.C.4.	<i>Darent</i> : Chas. E. Warner, Tonbridge.	Juvenile trainable cases.
		<i>Bridge</i> : H. F. Bawtree, Witham.		Unimprovable children and adults.
		<i>Leavesden</i> : Sir Chas. E. Longmore, K.C.B., Hertford.		Unimprovable adults.
		<i>Caterham</i> : T. W. Weeding, County Hall, Kingston-on-Thames.		Idiot children.
		<i>Fountain</i> : Jno. Dix, Sessions House, Clerkenwell, E.C.1.		25 male and 45 female adult defectives.
Merioneth	Plumstead, S.E.18.	The Guardians : Woolwich Union	Do. do.	13 male and 27 female adult defectives.
	Minffordd, Penrhyn-deudraeth, Merioneth.	Do. Festiniog Union	H. J. Owen, Clerk of the Peace, Portmadoc.	Enfield House--40 males, feeble-minded boys and adult males.
Middlesex	Enfield House, 19, Chase Side Crescent, Enfield, with ancillary premises. Fortescue Villas, Gentleman's Row, Enfield.	Do. Edmonton Union	E. S. W. Hart, Guild-	Fortescue Villas--32 female defectives under the age of 16 years--idiots, imbeciles, and a limited number of feeble-minded cases.

Monmouth -	Warkworth House, Isleworth.	Do.	Brentford Union -	Do.	do.	38 males. Idiots and imbeciles (children).
	Cordygric Institution, Griffithstown.	Do.	Pontypool Union -		T. L. Hughes, Clerk of the Peace, Newport (Mon.).	5 male and 25 female adult defectives.
Montgomery -	Forden - - -	Do.	Forden Union -		G. R. D. Harrison, Welshpool.	13 male and 27 female adult defectives.
Norfolk -	Pulham Market, near Harleston.	Do.	Depwade Union -		W. E. Hansell, The Close, Norwich.	12 female adult defectives.
	Exton's Road, King's Lynn.	Do.	King's Lynn Union -		J. W. Woolstencroft, Town Hall, King's Lynn.	6 male and 6 female adult defectives.
(Norwich C.B.)	Heckingham - - -	Do.	Loddon and Clavering Union.		W. E. Hansell, The Close, Norwich.	6 male and 12 female adult defectives.
	Bowthorpe Lodge, Norwich.	Do.	Norwich Union -		W. R. Cooper, Town Close, Norwich.	6 adult male and 20 female defectives.
	Great Snoring, Fakenham	Do.	Walsingham Union -		W. E. Hansell, The Close, Norwich.	8 adults of each sex.
	The New Infirmary, Attleborough, Norfolk.	Do.	Wayland Union -		Do.	6 male and 6 female adult defectives.
(Great Yarmouth C.B.)	Great Yarmouth - - -	Do.	Great Yarmouth -		G. B. D. Preston, Gt. Yarmouth.	6 adults of each sex—feeble-minded and moral imbeciles.
Northampton -	Kettering - - -	Do.	Kettering Union -		H. W. K. Markham, Northampton.	16 male and 16 female adult defectives.
	Northampton - - -	Do.	Northampton Union -		G. R. Bishop, Northampton.	3 adult defectives of each sex.
	Thorpe Road, Peterborough.	Do.	Peterborough Union -		W. J. Deacon, Clerk of the Peace, Peterborough.	12 male and 12 female adult defectives.
	Union Lane, Wellingborough.	Do.	Wellingborough Union -		H. W. K. Markham, Northampton.	10 male and 10 female adult defectives.
Northumberland -	Prudhoe Hall Colony and Burn House, Prudhoe-on-Tyne, Northumberland.*	The Northern Counties Joint Poor Law Committee, Poor Law Offices, South Shields.			H. D. Irwin, 3, Royal Arcade, Newcastle-on-Tyne.	473 defectives, of whom not more than 180 shall be males and not more than 293 shall be females. 75 females at Prudhoe Hall Buildings and 16 females at Burn House, and 80 males at New Blocks.

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INSTITUTIONS APPROVED UNDER SECTION 37—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Northumberland— <i>cont.</i>	<i>With ancillary premises:—</i> Howbeck Schools, Throston, W. Hartlepool. <i>and</i> The Poor Law Institution, Bishop Auckland. Rothbury Poor Law Institution.	- - - - - - - - - - The Guardians: Rothbury Union - - -	G. H. Watson, Darlington. Do. do. H. D. Irwin, 3, Royal Arcade, Newcastle-on-Tyne. K. T. Meaby, Shire Hall, Nottingham.	<i>Certified by Board of Education for 5 boys and 3 girls.</i> 100 males and 120 females. 28 adult females. 28 adult female defectives.
Notts - - -	1, Leverton Road, East Retford.	Do. East Retford Union -	Do. do.	4 male and 8 female adult defectives.
	Mansfield - - -	Do. Mansfield Union -	Do. do.	6 male and 12 female adult defectives. Feeble-minded cases.
Oxford - - -	Upton, Southwell - 26, London Road, Chipping Norton.	Do. Southwell Union - Do. Chipping Norton Union -	Do. do. J. Rose, County Hall, Oxford.	3 male and 12 female adult defectives. 10 male and 20 female adult defectives, imbeciles and feeble-minded.
Butland - - -	Oakham - - -	Do. Oakham Union -	B. A. Adam, Clerk of the Peace, Oakham.	6 adult female defectives.
Shropshire - - -	Church Stretton - -	Do. Church Stretton Union -	W. Baxter, County Buildings, Shrewsbury.	20 female adult defectives.
	The Beeches, Iron Bridge, Salop.	Do. Madeley Union -	G. Potts, Broseley -	10 male and 15 female adult defectives.
	Whitechurch, Salop	Do. Whitechurch Union -	Wm. Baxter, County Buildings, Shrewsbury.	10 adult female defectives.

Somerset	-	Frome Road House Institution, Odd Down, Bath.	Do.	Bath Union	-	E. N. Fuller, Guildhall, Bath.	6 male adult defectives.
Do.	-	Flax Bourton, near Bristol.	Do.	Long Ashton Union	-	C. F. Whittuck, 2, Northumberland Buildings, Bath.	32 male and 34 female adult defectives.
Southampton	-	Shepton Mallet	Do.	Shepton Mallet Union	-	Do.	3 male and 25 female adult defectives.
(Portsmouth C.B.)	-	Fordingbridge	Do.	Fordingbridge Union	-	G. F. Bassett, Southampton.	12 male and 12 female adult defectives.
Stafford	-	St. Mary's Road, Portsmouth.	Do.	Portsmouth Union	-	H. W. Fisk, Clerk to Justices, Portsmouth.	25 adults of each sex.
(Burton-on-Trent C.B.)	-	145, Belvedere Road, Burton-on-Trent.	Do.	Burton-on-Trent Union	-	H. W. Goodger, Stapenhill, Burton-on-Trent.	5 male and 15 female adult defectives.
(Stoke-on-Trent C.B.)	-	Great Barr Park, Great Barr, near Birmingham.	The Walsall and West Bromwich Unions Joint Committee.			Eustace Joy, M.A., County Buildings, Stafford.	40 male and 52 female adult defectives; 68 of each sex under the age of 16 years.
	-	Trent Valley Road, Lichfield.	The Guardians: Lichfield Union	-	A. H. Barnes, Lichfield.		4 male and 8 female adult defectives.
	-	London Road, Stoke-on-Trent.	Do.	Stoke-on-Trent Union	-	R. A. Llewellyn, Church Street, Stoke-on-Trent.	10 male and 10 female adult defectives.
(Walsall C.B.)	-	Wigginton Road, Wigginton, Tamworth.	Do.	Tamworth Union	-	Eustace Joy, M.A., County Buildings, Stafford.	4 male and 12 female adult defectives.
(West Bromwich C.B.)	-	Pleck Road, Walsall	Do.	Walsall Union	-	S. E. Loxton, Walsall.	12 female adult defectives.
(Wolverhampton C.B.)	-	Hallam House, Hallam Street, West Bromwich.	Do.	West Bromwich Union	-	W. J. Phair, West Bromwich.	15 male and 20 female adult defectives.
	-	Heath Town, Wolverhampton.	Do.	Wolverhampton Union	-	T. F. Waterhouse, Town Hall, Wolverhampton.	17 male and 14 female adult defectives.

INSTITUTIONS APPROVED UNDER SECTION 37—continued.

COUNTY or COUNTY BOROUGH within which C.B. Institution is situate. C.B. = County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Suffolk - -	Bury St. Edmunds -	The Guardians: Bury St. Edmunds Union	J. W. Greene, Clerk to Justices, Bury St. Edmunds.	10 male and 10 female adult defectives.
(Ipswich C.B.)	Woodbridge Road, Ipswich.	Do. Ipswich Union -	A. J. Day, 9, Tower Street, Ipswich.	15 male and 15 female adult defectives.
Surrey - -	2, Horsham Road, Dorking.	Do. Dorking Union -	T. W. Weeding, County Hall, Kingston-on-Thames.	3 male and 12 female adult defectives.
	Bletchingley - -	Do. Godstone Union -	Do. do.	22 male and 6 female adults. Imbeciles and feeble-minded.
Sussex (East) -	West Hylands, Cuckfield	Do. Cuckfield Union -	H. J. T. McIlveen, County Hall, Lewes.	10 male and 20 female adult defectives.
(Hastings C.B.)	Chailey - - - Frederick Road, Hastings	Do. Lewes Union -	Do. do.	10 male and 9 female adult defectives.
		Do. Hastings Union -	F. G. Langham, 44a, Robertson Street, Hastings.	12 adult female defectives.
	Rye Hill, Rye - -	Do. Rye Union -	H. J. T. McIlveen, County Hall, Lewes.	6 female adult defectives. Idiots, imbeciles and feeble-minded.
	Roffey, near Horsham -	Do. Horsham Union -	S. Thornely, 51, East Street, Horsham.	5 male and 10 female adult defectives.
Sussex (West) -	Easebourne, near Midhurst.	Do. Midhurst Union -	Do. do.	5 male and 10 female adult defectives.
	Kingston-by-Sea - -	Do. Steyning Union -	Do. do.	5 male and 5 female adult defectives.
Warwick - -	London Road Institution, Coventry.	Do. Coventry Union -	S. R. Field, Leamington.	8 male and 10 female adult defectives.
(Coventry C.B.)	Warwick - -	Do. Warwick Union -	J. Tibbitts, Warwick	4 male and 8 female adult defectives.

Westmorland	-	Milnthorpe, Westmorland.	-	Do.	Kendal Union	-	H. B. Greenwood, Clerk of the Peace, Kendal.	23 adult males, 21 adult females, and 28 female children.
Wilts	-	St. James, Devizes	-	Do.	Devizes Union	-	G. W. Jackson, Devizes.	16 female defectives. Imbeciles between the ages of 20 and 50 years.
	-	1, Wilcot Road, Pewsey	-	Do.	Pewsey Union	-	W. L. Bown, Trowbridge.	12 adults of each sex; feeble-minded and moral imbeciles.
	-	Semington, Trowbridge	-	Do.	Trowbridge and Melksham Union.	-	Do.	6 male and 30 female adult defectives.
Worcester (Birmingham C.B.)	-	The Birmingham Certified Institution, King's Heath, Birmingham.* [Monyhull Colony and Erdington House.]	-	Do.	Birmingham Union	-	C. A. Carter, Birmingham.	Trainable cases between 5 years and 40 years of age. Monyhull Colony--80 males and 80 females. Erdington House--50 adults of each sex.
	-	Birmingham Road, Bromsgrove.	-	Do.	Bromsgrove Union	-	Clerk of the Peace, Worcester.	<i>Certified by Board of Education for 200 children.</i> 4 male and 4 female adult defectives.
	-	Dudley	-	Do.	Dudley Union	-	Do.	50 adult defectives of each sex.
	-	Evesham	-	Do.	Evesham Union	-	Do.	4 male and 4 female defectives.
	-	Kidderminster	-	Do.	Kidderminster Union	-	Do.	20 male and 30 female adult defectives.
	-	Wordsley, Stourbridge	-	Do.	Stourbridge Union	-	E. Joy, M.A., County Buildings, Stafford.	150 male, 130 female adult defectives, and 68 children.
(Worcester C.B.)	-	Tatlow Hill, Worcester	-	Do.	Worcester Union	-	J. L. Wood, Guildhall, Worcester.	30 male and 20 female adult defectives.
Yorkshire: East Riding.	-	Beverley	-	Do.	Beverley Union	-	Jno. Bickersteth, County Hall, Beverley.	6 adults of each sex.
	-	Driffield	-	Do.	Driffield Union	-	Do.	24 male and 18 female adult defectives.

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INSTITUTIONS APPROVED UNDER SECTION 37—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate, C.B.=County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Yorkshire : East Riding— <i>cont.</i> (Kingston-upon-Hull C.B.)	Anlaby Road, Kingston-upon-Hull.	The Guardians : Kingston-upon Hull In-corporation.	G. L. Shackles, The Law Courts, Hull.	6 male and 6 female adult defectives.
Do.	Beverley Road, Hull	Do. Sculcoates Union	Do. do.	6 male and 6 female adult defectives.
(York C.B.)	75, Huntington Road, York.	Do. York Union	H. Venn Scott, Clif-ford Street, York.	10 male and 20 female adult defectives. Idiot, imbecile and feeble-minded classes.
Yorkshire : North Riding. Do.	Aysgarth	Do. Aysgarth Union	A. Procter, 5, New Street, York.	15 female adult defectives.
	Scarborough	Do. Scarborough Union	C. W. Goodall, Scar-borough.	20 male and 20 female adults.
Yorkshire : West Riding (Barns-ley C.B.) (Bradford C.B.)	Gawber Road, Barnsley	Do. Barnsley Union	W. H. Coles, Burton Street, Wakefield.	10 adults of each sex.
Do.	The Bowling Park In-stitution, Bradford. The Daisy Hill Institu-tion, Bradford.	Do. Bradford Union	T. Gill, Bradford	10 female adult defectives.
		Do. do.	Do. do.	10 male adult defectives.
(Sheffield C.B.)	The Edge, Sheffield	Do. Ecclesall Bierlow Union	F. B. Dingle, Shef-field.	10 male and 15 female adult defectives.
	Deanhouse Institution, Thongsbridge, near Huddersfield. Oakworth Road, Keighley	Do. Huddersfield Union	W. H. Coles, Wake-field.	10 male and 25 female adult defectives.
		Do. Keighley Union	Do. do.	40 males—imbeciles and moral imbeciles between the ages of 7 and 16 years.

(Sheffield C.B.)	Giggleswick	-	-	-	Do.	Settle Union	-	-	Do.	do.	30 male and 19 female defectives. 15 of each sex from 7 to 25 years of age to be accommodated in the Isolation Hospital, and 15 male and 4 female adults in the Main Building.
	Firvale, Sheffield	-	-	-	Do.	Sheffield Union	-	-	F. B. Dingle, Sheffield.		25 adult females.
	Tadcaster	-	-	-	Do.	Tadcaster Union	-	-	W. H. Coles, Wakefield.		30 adult females -- feeble-minded and moral imbeciles.

CERTIFIED HOUSES.

COUNTY.	Name and Address of House.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Dorset -	The Rectory, Hinton Martel, Wimborne.	Rev. A. H. Baverstock - - -	E. A. Ffooks, County Offices, Dorchester.	8 male patients (imbeciles and feeble-minded): harmless cases over the age of 14 years, younger cases to be received only with the consent of the Board.
Herts -	Rowley Lodge, Rowley Green, Barnet.	Miss Hilda Paetow, Miss Elsie M. Wall, and Miss Rose L. Binney.	Sir Charles E. Longmore, K.C.B., Hertford.	13 defectives of either sex. All classes within the meaning of the Act, being children under 16 years of age, except with the consent of the Board of Control, and provided each child is in all respects suitable to be in a house where the sexes are associated.
Lancashire -	Cavendish House, Woodvale, Ainsdale, near Southport.	Miss L. J. Allen - - -	G. W. Swift, 5, Clayton Square, Liverpool.	32 female (imbecile and feeble-minded) patients from 3 years of age, 10 boys under 10 years of age.
London -	St. Margaret's, 9, Priory Road, Bedford Park, London, W.4.	Miss Rose H. D. Whiting - - -	Jno. Dix, Sessions House, Clerkenwell, E.C.1.	10 female defectives. Imbeciles and feeble-minded.
Middlesex -	"Arniston," 44, The Grove, Isleworth.	Miss Janet Mary Isbister and Miss Margaret Dora Isbister.	E. S. W. Hart, Guildhall, Westminster, S.W. 1.	20 private patients—10 males, 10 females.
	The Gables, Upper Teddington Road, Hampton Wick, Kingston-on-Thames.	Miss F. H. Deck - - -	Do. do.	18 defectives of either sex: idiots, imbeciles and feeble-minded.
	Normansfield, Kingston Road, Hampton Wick, Kingston-on-Thames.	R. L. Langdon-Down, M.B., and P. L. Langdon-Down, M.B.	Do. do.	140 males and females, not more than 100 of either sex at any one time.

Sussex, East	-	Avonhurst, Inholmes Park Road, Burgess Hill, Sussex.	Miss Sarah Margaret Macdowall	-	-	H. J. T. McIlveen, County Hall, Lewes.	22 imbecile and feeble-minded boys and girls.
(Brighton C.B.)		Villa Maria, Kemp Town, Brighton.	Managers of the Institution	-	-	A. G. Walker, Clerk to Justices, Brighton.	12 female defectives. All classes within the meaning of the Act from 12 years of age and upwards.
Yorkshire : West Riding.		The Grange, Altofts, Normanton.	Mrs. E. A. Howard	-	-	W. H. Coles, Wakefield.	15 imbecile and feeble-minded private patients of the female sex.

APPROVED HOMES.

COUNTY.	Name and Address of Home.	Names of Managers or Owners.	Number and Class of Patients.
Bucks	Lynwood, Woburn Sands, Bucks.	Mrs. A. M. Pinchin	6 male defectives.
Cornwall	The Elizabeth Barclay Home of Industry, Bodmin.	The Committee of the Elizabeth Barclay Home of Industry, Bodmin. Hon. Sec.:—Mrs. E. M. S. Shaw.	26 female defectives.
Derby	Newbold House, Chesterfield	Miss A. Mole and Miss A. E. H. Bruce	18 male defectives.
Essex	Gay Bowers, West Hanningfield, Chelmsford.	Mrs. Gertrude Chennells	7 patients, all of one sex. (At present only males are received.)
Flint	“Walmer” School for Blind and Blind Deaf, Rhyl.*	Miss Annie Elizabeth Roberts	13 cases (including infants), of whom not more than 8 are to be females. <i>Certified by Board of Education for 11 cases.</i>
Gloucester (Bristol C.B.).	The Royal Fort Home, Bristol Southend House School, Pittville, Cheltenham.	The Committee of the Bristol Preventive Mission Miss Agnes King-Turner	20 female defectives. Poor Law cases received. 25 cases of either sex—each child in all respects suitable to be in a house where the sexes are associated. 8 male defectives.
Kent	Upper Hollenden Farm, Princess Christian's Farm Colony, Hildenboro', Kent.	National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W. 1.	
Middlesex	Alexander House, 117, High Street, Uxbridge. Brook House and White House Farm, Southgate, N. 1, also The Cottage, White House Farm.	Do. H. Corner, M.D., and Mrs. Corner	24 female defectives. 37 defectives, of whom not more than 22 males and not more than 15 females shall be in Brook House, and not more than 9 males shall be in White House Farm. Only private patients received.

Norfolk	-	-	Conifers, Kingston Road, Hampton Wick, Kingston- on-Thames.	R. L. Langdon-Down, M.B., and P. L. Langdon- Down, M.B., Normansfield, Hampton Wick.	3 male (children) and 16 female private patients.
			St. Christopher's, St. Ste- phen's, West Ealing.	Miss Mary Catherine Beaufoy Foster	28 feeble-minded private patients—18 boys and 10 girls.
			Trematon, Broom Road, Hampton Wick, Kingston- on-Thames.	R. L. Langdon-Down, M.B., and P. L. Langdon- Down, M.B., Normansfield, Hampton Wick.	24 male private patients.
			The Otleys, Seething, Nor- wich.	Miss S. A. Huntly	2 male and 28 female defectives—24 females at main building, remainder at the cottage. Each child to be suitable in all respects for a house where the sexes are associated.
Northumberland	-	-	The Home of Industry, Bow Villa, Morpeth.	Committee of six Ladies	16 female defectives. Poor Law cases received.
Somerset	-	-	Lyncombe Hall, Bath	Miss W. Stanley	10 mental defectives, of whom not more than 4 juvenile males suitable in all respects to be in a house where the sexes are associated.
Sussex (East) (Hastings C.B.)	-	-	St. Paul's House, Upper Maze Hill, St. Leonards-on Sea.	Mrs. Jennie Mciklejon	28 females and 8 males.
Warwick	-	-	The Vineyard, Longbridge Lane, Birmingham.	Miss M. F. Bridie	9 boys and 5 girls between 5 and 16 years of age. Each case to be suitable to reside in a house where the sexes are associated.
Yorkshire : Riding.	North	-	The Mount, Whitby	Mrs. A. E. Priestly	12 defective children of either sex (private patients).

* Certified as a Special School by Board of Education.

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